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STATE HOUSE BOSTON

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
Fiscal Year Ending June 30, 1951

Commissioner of Public Health VLADO A. DETHMIG, M.D., Dr.P.H.

PUBLIC HEALTH COUNCIL

THIRTY-SEVENTH ANNUAL REPORT
of the
MASS. DEPARTMENT OF PUBLIC HEALTH

July 1, 1950 to June 30, 1951
D. Moore, M.D., M.P.H.
First Assistant to Commissioner

filed with

THE SECRETARY OF THE COMMONWEALTH

- | | |
|---|--|
| Division of Administration | Director, Loren D. Moore, M.D., M.P.H. |
| Section of Fiscal Management | Section Chief, Lillian K. Berdarian, Ed.M., M.P.H. |
| Section of Health Administration | Section Chief, Ethel C. Brooks, B.S. |
| Section of Nursing | Section Chief, Dorothy Nicoll, M.S. |
| Section of Nutrition | Section Chief, Mary Baker, M.P.H. |
| Section of Personnel | Section Chief, Helen F. Almy, A.B. |
| Section of Social Services | Director, Leon A. Bradley, Ph.D. |
| Division of Training | Director, Alton S. Pope, M.D., Dr.P.H. |
| BUREAU OF INSTITUTIONS | Director, Herbert L. Lombard, M.D., M.P.H. |
| Division of Sanatoria and Tuberculosis | Director, A. Daniel Rubenstein, M.D., M.P.H. |
| Division of Cancer and Other Chronic Diseases | Superintendent, Johannes Ipsen, M.D., M.P.H. |
| Division of Hospitals | Director, James A. McCann, D.V.M. |
| Institute of Laboratories | Director, Robert A. MacGregor, M.D. |
| Biologic Laboratory Section | Chief, William A. Kinnon, M.D. |
| Diagnostic Laboratory Section | |
| Wassermann Laboratory Section | |

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STATE HOUSE, BOSTON

THIRTY-SEVENTH ANNUAL REPORT

of the

DEPARTMENT OF PUBLIC HEALTH

July 1, 1950 to June 30, 1951

Filed with

THE SECRETARY OF THE COMMONWEALTH

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MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
Fiscal Year Ending June 30, 1951

Commissioner of Public Health Vlado A. Getting, M.D., Dr.P.H.

PUBLIC HEALTH COUNCIL

- Vlado A. Getting, M.D., Dr.P.H., Chairman
Paul F. Flaherty, 1950-56 Francis H. Lally, M.D., 1924-54
William H. Griffin, D.M.D., 1945-57 Raymond L. Mutter, 1947-53
Paul J. Jakmauh, M.D., 1949-55 Charles F. Wilinsky, M.D., 1946-52
Florence L. Wall, Secretary to the Council

BUREAU OF ADMINISTRATION

Chief, Loren D. Moore, M.D., M.P.H.
First Assistant to Commissioner

Division of Administration

Director, Loren D. Moore, M.D., M.P.H.

Section of Fiscal Management

Section Chief, Harry W. Attwood

Section of Health Information

Section Chief, Lillian K. Derderian,
Ed.M., M.P.H.

Section of Nursing

Section Chief, Ethel G. Brooks, R.N.,
B.S.

Section of Nutrition

Section Chief, Dorothea Nicoll, M.S.

Section of Personnel

Section Chief, Mary Carr Baker,
B.A., M.P.H.

Section of Social Service

Section Chief, Helen J. Almy, A.B.

Division of Training

Director, Leon A. Bradley, Ph.D.

BUREAU OF INSTITUTIONS

Chief, Alton S. Pope, M.D., Dr.P.H.
Deputy Commissioner

Division of Sanatoria and
Tuberculosis

Director, Alton S. Pope, M.D., Dr.P.H.

Division of Cancer and Other
Chronic Diseases

Director, Herbert L. Lombard, M.D.,
M.P.H.

Division of Hospitals

Director, A. Daniel Rubenstein, M.D.,
M.P.H.

Institute of Laboratories

Superintendent, Johannes Ipsen, M.D.,
M.P.H.

Biologic Laboratory Section

Director, James A. McComb, D.V.M.

Diagnostic Laboratory Section

Director, Robert A. MacCreedy, M.D.

Wassermann Laboratory Section

Chief, William A. Hinton, M.D.

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
Fiscal Year Ending June 30, 1931

Commissioner of Public Health Visco A. Cutting, M.D., Dr. P. H.

PUBLIC HEALTH COUNCIL

Visco A. Cutting, M.D., Dr. P. H., Chairman
Paul F. Flaherty, 1930-31
William H. Griffin, D.M.D., 1931-32
Paul J. Johnson, M.D., 1932-33
Phonice L. Wall, Secretary to the Council
Charles F. Wilbur, M.D., 1933-34
Frederick L. Webster, 1934-35
Frederick H. Bailey, M.D., 1935-36

BUREAU OF ADMINISTRATION

Division of Administration
Section of Fiscal Management
Section of Health Information
Section of Nursing
Section of Nutrition
Section of Personnel
Section of Social Service
Division of Training

BUREAU OF INSTITUTIONS

Division of Sanatoria and
Tuberculosis
Division of Cancer and Other
Chronic Diseases
Division of Hospitals
Institute of Laboratories
Biologic Laboratory Section
Diagnostic Laboratory Section
Bacterium Laboratory Section

Chief, John D. Moore, M.D., Dr. P. H.
First Assistant to Commissioner
Director, John D. Moore, M.D., Dr. P. H.
Section Chief, Harry W. Atwood
Section Chief, William K. Davidson
Ed. W. M. H.
Section Chief, Ethel G. Brooks, S.W.
B.E.
Section Chief, Dorothea Nicolli, M.S.
Section Chief, Mary Gary Baker
B.A., E.P.H.
Section Chief, Helen J. Almy, A.B.
Director, Isaac A. Bradley, Ph.D.
Chief, Alton S. Pope, M.D., Dr. P. H.
Deputy Commissioner
Director, Alton S. Pope, M.D., Dr. P. H.
Director, Herbert L. Lombard, M.D.
M.P.H.
Director, A. Daniel Rubenstein, M.D.
M.P.H.
Superintendent, Johannes Ipsen, M.D.
W.P.H.
Director, James A. McGee, D.V.M.
Director, Robert A. MacCreedy, M.D.
Chief, William A. Hunter, M.D.

M.R.
W.H.M.
S.P.
H.M.

BUREAU OF PREVENTIVE MEDICINE

Chief, Robert E. Archibald, M.D., M.P.H.
Deputy Commissioner

Division of Local Health
Administration

Director, Robert E. Archibald, M.D.,
M.P.H.

Division of Alcoholism

Director, John C. Ayres, M.D., M.P.H.

Division of Communicable
Diseases

Director, Roy F. Peemster, M.D., Dr.P.H.

Division of Dental Health

Director, William D. Wellock, D.M.D., M.P.H.

Division of Maternal and
Child Health

Director, R. Gerald Rice, M.D., M.P.H.

Section of Maternal, Infant
and Pre-School Care

Section Chief, Sallie Saunders, M.D.

Section of Crippled Child-
ren Services

Section Chief, Janice Rafuse, M.D.,
M.P.H.

Section of School Health

Section Chief, Allan R. Cunningham, M.D.

Section of Vision and
Hearing Conservation

Section Chief, Philip W. Johnston,
Ph.D.

Division of Venereal Diseases

Director, Nicholas J. Fiumara, M.D., M.P.H.

**BUREAU OF ENVIRONMENTAL SANI-
TATION**

Chief, Clarence I. Sterling, Jr., C.E.
Deputy Commissioner

Division of Sanitary Engin-
eering

Director, Clarence I. Sterling, Jr.,
C.E.

Division of Food and Drugs

Assistant Director, George A. Michael

STATE DISTRICT HEALTH OFFICERS

Southeastern District

Harold W. Stevens, M.D.

South Metropolitan District

Grace E. Lutman, M.D., Dr. P.H.

North Metropolitan District

Leon A. Sternfeld, M.D., M.P.H.

Northeastern District

Walter E. Pennell, M.D., M.P.H.

South Central District

Kenneth I.E. Macleod, M.D., M.P.H.

North Central District

Arthur E. Burke, M.D., M.P.H.

Connecticut Valley District

Walter W. Lee, M.D., M.P.H.

Berkshire District

Charles E. Gill, M.D., M.P.H.

INSTITUTIONS AND SUPERINTENDENTS

Lakeville State Sanatorium

Harry A. Clark, M.D.

North Reading State Sanatorium

Roland R. Cartier, M.D. (Acting)

Rutland State Sanatorium

Paul Dufault, M.D.

Westfield State Sanatorium

Wilson W. Knowlton, M.D., M.P.H.

Pondville Hospital

George L. Parker, M.D.

Lemuel Shattuck Hospital

William H. H. Turville, M.D.

PUBLIC HEALTH COUNCIL

Vlado A. Getting, M.D., Dr.P.H., Chairman

General Activities

Regular monthly meetings were held in accordance with Section 3 of Chapter 17, General Laws. As the Council continued its policy of meeting in different counties and at various institutions in the Commonwealth, a total of nineteen regular and special meetings were held.

In July, 1950, the Council met at Orleans, at Provincetown and at the Barnstable County Sanatorium at Pocasset where the Superintendent conducted the members of the Council on an inspection tour of the institution property and of facilities for patients' care. The plans for another addition to care for chronic disease patients, toward which the Department allocated a grant of over \$233,000 from Federal funds under the Hospital Survey and Construction Act, were studied. The Barnstable County Health Officer joined the Council on inspectional trips through the county, including the National Guard Encampment at Orleans, the tidal conditions at North Truro, and the Provincetown water supply.

On August 8, 1950, with the cooperation of the Division of Marine Fisheries, an inspection was made of various sewer outlets and sources of pollution along the North Shore of Massachusetts.

On February 21, 1950, a joint meeting was held with the State Advisory Council for the Administration of the Hospital Survey and Construction Act to consider certain modifications in the State policy under this program.

The March, 1951 meeting was held at the Beth Israel Hospital, Boston, at the invitation of the Executive Director, Dr. Wilinsky. Under Dr. Wilinsky's guidance the Council visited various departments of the Hospital, including obstetrics, pediatrics, medicine and surgery, the facilities for teaching, and the new Yamins Research Memorial Laboratory for surgical research.

At the Pondville Hospital on April 10, 1951, the Council inspected the recently added facilities and the site of the proposed additional wing to house the Research Laboratory. On this date the Council also visited the site of the new State Prison at Norfolk and inspected the present and proposed water supplies and sewage disposal systems of both the Prison and of Pondville Hospital.

On June 12 and 15, 1951, meetings were held at Amherst in connection with the Fifth Annual Public Health Conference.

On June 13, 1951, Berkshire County was visited and inspections made of the condition of the Westfield and Housatonic Rivers, the new Cleveland Brook Reservoir of the Pittsfield Water

THE HISTORY OF THE
CITY OF BOSTON

BY

JOHN H. COLEMAN, Esq., of the City of Boston.
PUBLISHED BY J. B. LEECH, 15 NASSAU ST. N.Y.
1857.

THE HISTORY OF THE CITY OF BOSTON, from its first settlement in 1630, to the present time, is a subject of great interest and importance. It is a subject which has attracted the attention of many of our most distinguished writers, and has been the subject of many valuable works. The history of the city is a history of the growth of a great metropolis, and of the development of a great commercial and manufacturing center. It is a history of the struggles and triumphs of a people who have made a name for themselves in the world.

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supply and the site of the sewage treatment works of the town of Lee. At Pittsfield the Council met with His Honor, Mayor Capeless, and the Commissioner of Public Works, Mr. McClellan. With Mr. McClellan the Council visited the new Pittsfield municipal incinerator, regarded as one of the most effectively operated incinerators in the eastern half of the United States.

On June 14, ~~Franklin County was visited at which time~~ the new Athol Hospital, to which the Department had made a grant under the Federal Hospital Survey and Construction Act, was visited. Inspections were also made of the sanitary condition of the Millers River at various places, notably in the vicinity of Orange and Erving, of the source of water supply of the town of Bernardston, and the Greenfield sewage treatment plant.

The Committee on Environmental Sanitation, composed of Dr. Jakmauh, Chairman, Mr. Mutter and the Commissioner, has usually met immediately prior to the regular monthly meetings of the Council and submitted its recommendations on all matters of sanitary significance.

The Council has carried out its regular duties as imposed by General Laws, Sec. 3, Chapter 111, and other laws. Following the passage of Chapter 800 of the Acts of 1950, which authorized the Department to establish alcoholic clinics, the Council, acting under the provisions of Sec. 4, Chap. 117, General Laws, on September 15, 1950, approved the creation of a Division of Alcoholism within the Department and approved the appointment of Dr. John C. Ayres as Director. In addition, the Council, on December 5, 1950, approved a policy for the fluoridation of public water supply as a partial dental caries control measure, under which the Department would provide technical assistance to local boards of water commissioners in establishing recommended controls and evaluation procedures.

The Public Health Council held a public hearing on August 3, 1950, relative to the revocation of a license to conduct a hospital; on October 10, 1950, relative to the revocation of a license to operate a rest home, and on November 14, 1950, on an appeal of a dairy from the refusal of a local board of health and local inspector to issue a license or permit to sell milk.

Reports of investigations made under authority of special resolves of 1950, calling for participation by the Department, were signed by Council members and filed with the proper legislative authority.

There were no changes in personnel of the Council during the year, His Excellency, Governor Paul A. Dever having reappointed Dr. William H. Griffin on May 1, 1951 for his second consecutive term. At the close of the fiscal year 1951, the Public Health Council was constituted as follows:

Vlado A. Gettin, M.D., Dr.P.H., Chairman	
Paul F. Flaherty	William H. Griffin, D.M.D.
Raul J. Jakmauh, M.D.	Francis H. Lally, M.D.
Raymond L. Mutter	Charles F. Wilinsky, M.D.

1. The first part of the document is a letter from the President of the United States to the Congress, dated January 1, 1861. It is a formal communication, and it is the first of its kind in the history of the United States. The President, James Buchanan, is writing to the Congress, and he is doing so in a very formal and dignified manner. He is telling them that he is pleased to have them meet, and he is telling them that he is confident that they will do their duty. He is also telling them that he is confident that the United States will remain united and free.

BUREAU OF ADMINISTRATION

DIVISION OF ADMINISTRATION

Loren D. Moore, M.D., M.P.H., First Assistant to the Commissioner

Administrative Services Section

The increased department responsibilities and duties have amplified the already critical housing condition of the Department. It has been necessary to rent additional office space outside the State House and also to further crowd the offices in the State House. Intensified efforts have been made to obtain adequate quarters in a single building for all department offices either by renting or by constructing a suitable building. The provision of adequate quarters for all of the offices of the Department will be the number one priority project for the next fiscal year.

During the past year partial consolidation of the department laboratory services has been accomplished by uniting the laboratories in Jamaica Plain into the Institute of Laboratories under the direction of a superintendent. Efforts will be made to provide additional laboratory buildings at this site in order to consolidate other department laboratories.

During the fiscal year 1940-1941, the Department total federal and state budget which includes the institutions and capital outlay totaled \$4,188,091 which provided approximately \$.93 per capita for public health. The total budget for the fiscal year 1949-1950 had increased to \$8,918,971 which provided about \$1.98 per capita. The increase in the department budget over this ten-year period is the result of increased operating costs, expanded programs and the institution of new programs, to contribute to better health in the Commonwealth.

New services provided by the Department include: (1) the responsibility for determining reasonable costs and approving all rates of payment to hospitals by the Massachusetts Blue Cross and Blue Shield Programs, (2) the operation of a program for the proper diagnosis, treatment and rehabilitation of persons addicted to the excessive use of alcoholic beverages, (3) the organization and operation of a Division of Training to expand and coordinate all types of public health personnel training for both state and local services which has been made possible by a substantial five-year grant to the Department by the W.K. Kellogg Foundation, (4) the development of the Medical and Health Division of the Massachusetts Civil Defense Agency.

FISCAL SECTION

Harry W. Attwood, Chief

The use of Burrough's Sensimatic Bookkeeping Machines for the accounting of state and federal appropriations furnishes the Department with complete information on the expenditures of bureaus, divisions and sections by subsidiary accounts and object codes for month to date, quarter to date and year to date. Statements of state and federal balances from these ledger cards are available to all division directors at the close of each month. These new Sensimatic machines have saved considerable time in processing the accounts and in the preparation of detailed monthly and quarterly statements.

The Section devoted considerable time to collecting data for the Federal Security Agency on the estimated percentage value of personnel time contributed to specialized programs for which grants were received from the Federal Security Agency. After conferences with the various federal agencies concerned, a satisfactory method of obtaining this information has been developed.

Section 5 of Chapter 176A of the General Laws as enacted in 1950, requires the Department of Public Health to approve all contracts between non-profit hospital service corporations and hospitals, together with the rates of payment applicable thereto. The statute requires rate approval to be on the lower of cost or charges. The determination of cost factor required the development of uniform cost reporting based on standardized accounting practices among hospitals. A program of accounting standardization and uniform cost analysis among 200 hospitals has been in progress during the past year. Hospital costs, both in-patient and out-patient, are now being calculated and certified to the following agencies:

Services for Crippled Children
Maternal and Child Health (Premature Infants)
Department of Education (Vocational Rehabilitation)
Department of Industrial Accidents (Compensation Cases)
Massachusetts Hospital Service (Blue Cross)

TOTAL DEPARTMENT BUDGET (Estimated Total Population 4,500,000)

<u>Fiscal Year</u>	<u>Total Budget</u>	<u>Per Capita</u>	<u>Total State</u>	<u>Per Capita</u>	<u>Total Federal</u>	<u>Per Capita</u>
1948	\$6,888,184	\$1.53	\$4,949,269	\$1.10	\$1,948,915	\$0.43
1949	7,265,386*	1.61	5,574,942	1.24	1,690,444*	0.37
1950	8,918,971*	1.98	7,276,714	1.62	1,642,257*	0.36
1951	9,724,575*	2.16	8,137,837*	1.81	1,586,738*	0.35

*changed as shown in table DEPARTMENT BUDGET (Exclusive of Institutions)

DEPARTMENT INSTITUTION BUDGET
(Estimated Total Population 4,500,000)

<u>Fiscal Year</u>	<u>State Funds</u>	<u>Per Capita</u>
1948	\$2,680,440	\$0.60
1949	3,016,825	0.67
1950	4,537,632	1.00
1951	4,300,866	0.95

DEPARTMENT BUDGET (Exclusive of Institutions)
(Estimated Total Population 4,500,000)

<u>Fiscal Year</u>	<u>Total Budget</u>	<u>Per Capita</u>	<u>State Funds</u>	<u>Per Capita</u>	<u>Federal Funds</u>	<u>Per Capita</u>
1948	\$4,207,704	\$0.93	\$2,258,829	\$0.50	\$1,948,915	\$0.43
1949	4,248,561	0.94 (1)	2,558,117	0.57 (2)	1,690,444	0.37
1950	4,381,339	0.97	2,739,082	0.61 (3)	1,642,257	0.36
1951	5,423,709	1.20 (5)	3,836,971	0.85 (4)	1,586,738	0.35

- (1) Salary increases of \$171,053 over that reported in last annual report
- (2) Federal appropriations increased \$324,753 over original estimate
- (3) Federal appropriations increased \$9,640.17 over original estimate
- (4) Federal appropriations increased \$169,333.00 over original estimate
- (5) State appropriations increased \$1,015,745.00 in supplemental budget.

On the above tables it can be noted that Department budget for the fiscal year 1951 was increased by \$1,185,078 or an increase from \$1.98 per capita for 1950 to \$2.16 per capita in 1951. This increase in the total budget is the result of a \$169,333 increase in Federal funds and an increase of \$1,015,745 in the State appropriation. However, there was a decrease of \$236,766 in State appropriations for the institutions.

Because of the prolonged session of the Federal and State Legislatures, and the lack of final action on appropriation bills, it is not possible at this time to obtain final figures on the Federal and State appropriations for the 1952 fiscal year.

The total expenditures of the Department for the past fiscal year was \$8,824,728.27. A breakdown by activities is shown in the following table. A detailed breakdown of the Department fiscal report is contained in the annual report prepared by the Comptroller's Bureau as Public Document 140.

DEPARTMENT EXPENDITURE 1950-1951

Summary by Activities

	<u>Total</u>	<u>State</u>	<u>Federal</u>
Bureau Administration	\$643,924.81	\$476,387.85	\$167,536.96
Central Office	74,403.96	46,354.41	28,049.55
Personnel	20,044.76	10,756.90	9,287.86
Health Information	78,407.88	29,766.07	48,641.81
Fiscal	89,403.29	31,606.33	57,796.96
Nursing	28,635.35	6,539.41	22,095.94
Nutrition	9,571.42	9,571.42	
Social Service	10,675.83	9,010.99	1,664.84
Blood Plasma	183,892.07	183,892.07	
Biologic Lab.	148,890.25	148,890.25	
 Bureau Institutions	 \$5,909,864.62	 \$5,655,042.90	 \$254,821.72
Tuberculosis & Sans.	563,262.03	539,415.32	23,846.71
Tbc. X-ray Clinic	130,359.50	67,187.69	63,171.81
Institutions (5)	4,152,539.18	4,152,539.18	
Capital Outlay	687,018.04	687,018.04	
Hospital Licensing	34,607.09	34,607.09	
Hosp. Survey & Const.	31,052.56	25,081.43	5,971.13
Ca. & Other Chr. Dis.	167,625.75	109,224.77	58,400.98
Heart	28,659.27		28,659.27
Health Prot. Clinic	44,469.57	39,969.38	4,500.19
Subsidy for Tbc.	70,271.63		70,271.63
 Bureau Preventive Med.	 \$1,067,929.59	 \$672,857.07	 \$395,072.52
Local Health	35,940.18	20,163.54	15,776.64
District Offices (8)	250,210.28	113,317.75	136,892.53
Communicable Dis.	51,723.99	36,536.13	15,187.83
Diagnostic Lab.	159,987.87	101,292.46	58,695.41
Venereal Diseases	261,983.42	233,929.17	28,054.25
Dental	42,872.36	36,209.84	6,662.52
MCH and CC	243,473.70	109,670.36	133,803.34
Alcoholism	21,737.82	21,737.82	

DEPARTMENT EXPENDITURE 1950-1951 (Con.)

Summary by Activities

	<u>Total</u>	<u>State</u>	<u>Federal</u>	<u>Private</u>
Bureau Envir. San.	\$504,223.72	\$372,950.89	\$131,272.83	
Sanitary Engin.	176,932.25	132,101.94	44,830.31	
Lawrence Exp. Sta.	51,756.17	42,151.23	9,604.94	
Water Labs.	67,783.11	52,929.24	14,853.87	
* Occupational Hyg.	18,777.90		18,777.90	
Food & Drugs	105,950.48	100,135.42	5,815.06	
Food & Drug Labs.	56,212.25	45,633.06	10,579.19	
Sanitation	26,811.56		26,811.56	
* In Department of Labor & Industries				
Research Project	\$57,918.26		\$19,007.47	\$38,910.79
Blood Antibodies	619.68			619.68
Heart	3,211.28		3,211.28	
Water Pollution	15,109.84		15,109.84	
Blood	18,362.88			18,362.88
Training	20,614.58		686.35	19,928.23
(W.K. Kellogg Foundation)				
Specials	\$640,867.27	\$341,242.94	\$299,624.33	
Special Projects	256,427.78	223,134.14	33,293.64	
Training Personnel	43,703.11	100.00	43,603.11	
Teaching Projects	44,171.03		44,171.03	
Unliq. Obligations	296,565.35	118,008.80	178,556.55	
<u>Total State Budget</u>	\$8,824,728.27	\$7,518,481.65	\$1,267,335.83	\$38,910.79

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Author	Title	Date	Volume	Page
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G. H. I.	9012	1902	3	9012
J. K. L.	3456	1903	4	3456

MILK REGULATION BOARD

The Milk Regulation Board held two meetings during the past year, and Mr. George A. Michael, Assistant Director of the Division of Food and Drugs, represented the Commissioner at these meetings.

At the May 9, 1951 meeting the Board considered the problems raised by the introduction of concentrated milk into the Massachusetts market. A committee appointed by the Commissioner of Public Health had drafted suggested legislation for the control of this product, and these legislative proposals were presented to the Board for their consideration. Definite action on these proposals was deferred to a future meeting. The Board considered a request made by the Medical Milk Commission of Boston to change the specifications of the milk grade "certified milk pasteurized" so that this grade of milk need not be pasteurized on the farm on which it is produced, or to waive this requirement. The Board voted to deny this request.

On June 4, 1951 the Board further considered the legislation necessary for the control of the sale of concentrated milk in Massachusetts. The chairman of the Board appointed a committee to prepare a final draft of the concentrated milk legislation so that he could present these legislative proposals to the proper authorities for action of the General Court.

A request by Deerfoot Farms, a division of General Ice Cream Corporation, to inspect the farms of producers shipping fluid milk to their plants, was denied by the Board until applications required by Section 16B, Chapter 94 of the General Laws were submitted to the Board.

RATING BOARD

Under authority contained in Chapter 32, Section 26 of the General Laws, as amended, the Commissioner, as Chairman of the Rating Board, presided at hearings and interviewed applicants from the Department of Public Safety applying for retirement because of illness or injury sustained in line of duty. Recommendations were made for the retirement of several individuals, while some applications were denied.

STATE PLANNING BOARD

The Commissioner was represented on the State Planning Board during the past fiscal year by the Director of the Division of Sanitary Engineering. The only major items discussed at these meetings, in which the Department had a particular interest, were:

The first part of the paper is devoted to a discussion of the general principles of the theory of the structure of the atom.

In the second part of the paper the author discusses the question of the structure of the atom in connection with the results of the experiments of Rutherford and his co-workers.

The third part of the paper is devoted to a discussion of the question of the structure of the atom in connection with the results of the experiments of Bohr and his co-workers.

The fourth part of the paper is devoted to a discussion of the question of the structure of the atom in connection with the results of the experiments of Heisenberg and his co-workers.

The fifth part of the paper is devoted to a discussion of the question of the structure of the atom in connection with the results of the experiments of Schrödinger and his co-workers.

The sixth part of the paper is devoted to a discussion of the question of the structure of the atom in connection with the results of the experiments of Dirac and his co-workers.

The seventh part of the paper is devoted to a discussion of the question of the structure of the atom in connection with the results of the experiments of Pauli and his co-workers.

The eighth part of the paper is devoted to a discussion of the question of the structure of the atom in connection with the results of the experiments of Fermi and his co-workers.

1. A survey of available beach facilities for ocean bathing.
2. Aerial photographs of the State with several purposes in view, including maps of critical target areas for civil defense activities and in connection with crop studies in the Connecticut River Valley.
3. Preparation of various maps for the State Civil Defense Agency, including maps of primary and secondary roads, population densities, critical target areas and casualty densities.

1. The first part of the paper discusses the importance of the study and the objectives of the research. It also provides a brief overview of the methodology used in the study.

2. The second part of the paper presents the results of the study. It includes a detailed description of the data collected and the analysis performed. The results are presented in a clear and concise manner, with appropriate use of tables and figures.

3. The third part of the paper discusses the implications of the study. It highlights the key findings and their significance for the field of study. It also provides recommendations for future research and practical applications.

APPROVING AUTHORITY

Chapter 396 of the Acts of 1945 of the General Laws provides for the Commissioner of Public Health to serve as a member of the Approving Authority for Medical Schools, whereby graduates of certain medical schools could become candidates for registration in the practice of medicine in the Commonwealth. The Chicago Medical School, University of Toronto, Stritch College of Medicine of Loyola University and the University of Georgia Medical Schools were approved during the fiscal year.

RECOMMENDATIONS FOR LEGISLATION

1. AN ACT RELATIVE TO THE PUBLIC HEALTH COUNCIL OF THE DEPARTMENT OF PUBLIC HEALTH. - The Public Health Council is composed of outstanding professional men who devote considerable time to conducting the affairs of the Department. Since their duties as members of the Council interfere to a considerable degree with their regular professional practice, the Department is recommending that compensation for their services more nearly approximate that paid for like services in other state departments.

2. AN ACT AUTHORIZING THE DEPARTMENT OF PUBLIC HEALTH TO ERECT A BUILDING TO HOUSE AND MAINTAIN THE DIVISIONS AND SECTIONS OF SAID DEPARTMENT EXCEPT THE BIOLOGIC LABORATORIES, LAWRENCE EXPERIMENT STATION AND THE FIELD UNITS OF THE DEPARTMENT. The Department activities and responsibilities have continued to increase, necessitating additional office space. Since no additional space is available in the State House, it has been necessary to rent additional office space outside. With ten divisions and sections quartered outside the State House in widely scattered areas, it is exceedingly difficult to administer the Department economically and to render efficient service.

In addition to its routine responsibility, the Department has been designated the sponsoring agency for the Medical & Health Division of the Massachusetts Civil Defense Agency. Because of this added responsibility and further because the Department must continue with its routine work even in the event of an emergency, the Department should be housed outside of the downtown Boston area and beyond the critical target area. Therefore, in order to enable the Department to operate effectively and economically in normal times and carry out its added responsibilities in the event of a serious emergency, it is urgently recommended that the Department be authorized to acquire by purchase or otherwise a site, develop the plans for a Department building and construct a suitable building to house the Department, exclusive of the Biologic Laboratories, the Lawrence Experiment Station and the Department field units.

3. AN ACT RELATIVE TO THE EXAMINATION OF CERTAIN PUPILS. - School physicians and boards of health have asked the Department to clear up the confusion which arises from the wording of this section. Children exposed to chicken pox, German measles, and various other diseases declared dangerous to the public health by

the Department, are not required by board of health regulations to stay away from school. A strict interpretation of Section 55, however, requires that any such child obtain a certificate from the board of health in order to be allowed to attend school. Such a procedure is time-consuming both for the family and for the board of health and productive of no useful results. If the amendment requested is passed, such certificates will no longer be necessary.

4. AN ACT RELATIVE TO THE REGULATIONS OF CERTAIN HOSPITALS, SANATORIA, CONVALESCENT AND NURSING HOMES AND BOARDING HOMES FOR THE AGED BY THE DEPARTMENT OF PUBLIC HEALTH. - The Hospital, Convalescent Home and Homes for the Aged Licensing Law requires amendments in order to first simplify for the applicants and for local boards of health the procedures necessary in order to obtain a license.

The proposed amendment will permit the State Department of Public Health to suspend temporarily and for cause the operation of an institution which is a danger to the public health. Such suspension must be acted upon at the next monthly meeting of the Public Health Council. The authority to suspend may in most instances be sufficient to bring about correction of defects so as to make unnecessary the temporary closing of a hospital, convalescent home or home for the aged, but should this be necessary as a last resort it may be used in order to protect the health and lives of the patients or inmates and employees of the institution.

Temporary licenses are permitted under this amendment to make it possible for the Department to issue a license to a hospital, convalescent home or home for the aged which, while substantially meeting most of the regulations, cannot for reasons beyond its control obtain the necessary clearances from various administrative agencies concerned in the inspectional procedures or because of inability to obtain material or equipment in order to comply with the regulations. The Commissioner is also authorized to issue a temporary license to a newly established hospital, convalescent home or home for the aged whenever such is ready to begin to operate during the intervals between the monthly meetings of the Public Health Council, thereby preventing possible serious losses of income to such hospitals, convalescent homes or homes for the aged.

1. The first part of the report is devoted to a general survey of the situation in the country. It is found that the country is in a state of general depression, and that the people are suffering from want and distress. The cause of this is attributed to the war, and the consequent destruction of property and the loss of the means of subsistence.

2. The second part of the report is devoted to a description of the state of the country. It is found that the country is in a state of general depression, and that the people are suffering from want and distress. The cause of this is attributed to the war, and the consequent destruction of property and the loss of the means of subsistence.

3. The third part of the report is devoted to a description of the state of the country. It is found that the country is in a state of general depression, and that the people are suffering from want and distress. The cause of this is attributed to the war, and the consequent destruction of property and the loss of the means of subsistence.

1951 LEGISLATION

The following legislation of particular interest to public health was signed by Governor Dever during the fiscal year 1951 and enacted into law:

Acts of 1950

Chapter

- 603 - An act authorizing the Metropolitan District Commission to discharge water into the Charles River under certain circumstances.
- 639 - An act to provide for the safety of the Commonwealth during the existence of an emergency resulting from disaster or from hostile action.
- 667 - An act repealing the law providing for a dental research program under the supervision of the Department of Public Health for the training of feminine personnel.
- 724 - An act authorizing the Department of Public Health on behalf of the Commonwealth to accept from the United States of America the Murphy General Hospital in Waltham and to operate said property as a hospital.
- 732 - An act prohibiting the employment in schools of persons suffering from tuberculosis in a communicable form, and providing for periodic examinations of school employees.
- 766 - An act relating to non-profit hospital service corporations.
- 769 - An act authorizing the Department of Correction to establish a clinic at the State Farm for the diagnosis and treatment of certain persons suffering from chronic alcoholism.
- 794 - An act increasing the salary of the Commissioner of Public Health.
- 800 - An act authorizing and directing the Department of Public Health to establish alcoholic clinics.

Resolves of 1950

Chapter

- 44 - Resolve providing for an investigation and study of the disposal of sewage and industrial wastes in the Millers River Valley in the towns of Ashburnham, Athol, Erving, Hubbardston, Montague, New Salem, Northfield, Orange, Petersham, Phillipston, Royalston, Templeton, Warwick, Wendell, Westminster and Winchendon, and the city of Gardner.
- 55 - Resolve providing for the revival and continuance of the joint board established to make an investigation relative to the disposal of sewage in the South Metropolitan Sewerage District and to the extension of said District.

Resolves of 1950 (con.)

Chapter

- 56 - Resolve providing for an investigation and study by a special commission relative to all phases of a civil defense program for the safety of the Commonwealth in time of military emergency.

Acts of 1951

Chapter

- 10 - An act authorizing the town of Plymouth to establish a commission of public safety exercising the powers of certain other boards, departments and offices.
- 114 - An act making an appropriation for the fiscal year ending June thirtieth, 1951, to provide for supplementing a certain existing appropriation (additional floor at Hyams Laboratory).
- 266 - An Act establishing standard sizes in connection with the sale and distribution of eggs.
- 448 - An act making further provision for the protection of public water supplies.

The 1951 Legislature was still in session on June 30, 1951. No resolves calling for investigations by the Department were passed prior to the close of the fiscal year, but it is expected that additional legislation involving public health and assigning new duties to the Department will be passed by the Legislature subsequent to this date.

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REGULATIONS

Rules and regulations have been promulgated by the Department relative to:

Distribution of biologic products

Adopted 4/9/35; amended 5/14/40; 1/11/49.

Sale of surplus biologic products

Adopted 4/12/49.

Use of blood or other tissues for purposes of transfusion, etc.

Adopted 1/10/39; amended 4/10/39; 10/7/41; 11/4/41; 9/14/43.

Cancer clinics and service unit values

Adopted 8/10/28; amended 6/14/27; 3/13/28; 1/5/35; 9/14/43; 10/5/43; 1/1/43; 12/14/43; 4/11/44; 1/14/47.

List of diseases dangerous to public health

Adopted 1907; amended 12/15/14; 12/14/15; 2/16/17; 4/5/17; 12/18/17; 10/29/18; 11/13/20; 12/8/21; 9/12/23; 6/11/35; 12/10/35; 11/10/36; 2/14/39; 5/1/41; 5/12/42; 4/14/43; 10/5/43; 12/14/43; 1/11/44; 11/3/48.

Diseases declared to be dangerous to the public health and reportable

Adopted 1907; amended 12/15/14; 12/14/15; 2/16/17; 4/5/17; 12/18/17; 10/29/18; 11/13/20; 12/8/21; 9/12/23; 6/11/35; 12/10/35; 11/10/36; 2/14/39; 5/1/41; 5/12/42; 4/14/43; 10/5/43; 12/14/43; 1/11/44; 11/3/48.

Isolation and quarantine requirements of diseases declared to be dangerous to public health

Adopted 8/9/38; amended 5/13/41; 1/11/44; 11/3/48.

Transportation of bodies dead of diseases dangerous to public health

Adopted 8/9/39; amended 2/14/39.

Funerals of persons dead of any disease dangerous to public health

Adopted 8/9/38; amended 5/13/41; 1/11/44.

Cremation

Adopted 12/5/37; amended 10/29/18.

Treatment of persons exposed to rabies

Adopted 5/10/37; amended 5/13/41.

Approval of bacteriological and serological laboratories

Adopted 9/12/39; amended 1946.

THE UNITED STATES OF AMERICA

DEPARTMENT OF JUSTICE

OFFICE OF THE ATTORNEY GENERAL

WASHINGTON, D. C.

IN RE: [illegible]

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Use of a common drinking cup

Adopted 3/22/16.

Use and concerning the providing of a common towel

Adopted 12/16/15; amended 3/23/16.

Approval of lodging houses

Adopted 7/6/05.

Barbering and barber shops

Approved 12/6/49.

Cross connections between public water supplies and fire and industrial water supplies

Adopted 2/9/37; amended 5/12/42.

To prevent pollution or contamination of any or all the lakes, ponds, streams, tidal waters and flats within the Commonwealth or of the tributaries of such tidal waters and flats

Adopted 8/14/43; amended 10/14/48.

Supervision of plumbing

Adopted 6/11/35; amended 8/6/40; 2/11/46; 1/10/50.

Minimum standards of fitness for dwellings

Adopted 12/6/49.

Operation of plants for the purification of shellfish

Adopted 6/5/28; amended 10/7/41.

Regulations promulgated by the director of the Division of Marine Fisheries

Approved for Sanitary Requirements by Dept. of Public Health 4/13/42.

Enrichment of flour, white bread and rolls

Adopted 11/6/43.

Establishing grades of milk

Adopted 5/8/35; amended 11/17/48.

Sale of rabbits intended for food purposes

Adopted 5/14/29.

Governing the business of cold storage made under the provisions of General Laws, Chapter 94, Section 67.

Adopted 10/10/33.

Sterilization of feathers, down and secondhand material intended for use in the manufacture of articles of bedding and upholstered furniture

Adopted 11/12/35.

THE UNIVERSITY OF CHICAGO
CHICAGO, ILL.

TO THE PRESIDENT OF THE UNIVERSITY OF CHICAGO
FROM THE FACULTY OF THE UNIVERSITY OF CHICAGO

RESOLUTION OF THE FACULTY
APPROVED 1907

RESOLUTION OF THE FACULTY
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Making of each article of bedding and upholstered furniture
Adopted 12/10/30; amended 11/12/35.

Manufacture and bottling of carbonated non-alcoholic beverages,
soda water, mineral and spring water
Adopted 11/12/35; amended 4/36.

Business of slaughtering and meat inspection
Adopted 7/9/31; amended 12/10/35; 9/14/43.

Poultry slaughterhouses
Adopted 9/14/43; amended 9/6/46.

Approval of contracts for the production and distribution of
certified milk
Adopted 10/14/36.

Frozen desserts and ice cream mix
Adopted 9/11/34.

Bakeries and bakery products
Adopted 2/14/33; amended 1/10/50.

Definition of "pasteurized milk"
Adopted 7/9/41; amended 11/4/41; 6/15/50.

Establishments for pasteurization of milk
Adopted 2/12/35; amended 6/15/50.

Standards and definitions of purity and quality of food
Adopted 2/9/37.

Pork products intended to be eaten without cooking
Approved 2/12/24.

Licensing of Hospitals and Sanatoria 12/14/43;
Adopted 4/14/42; amended 2/9/43/ 3/14/50.

Licensing of boarding homes for the aged
Adopted 11/3/43.

Licensing of convalescent and boarding homes
Adopted 11/3/43.

Dispensary License
Adopted 1/12/19; amended 5/13/19; 5/10/33.

Dental clinic license
Adopted 6/10/43.

General Rules for Police Station Houses, Lock-ups, Houses of
Detention, Jails, Houses of Correction, Prisons, and Reformatories
Adopted 1910; amended 4/8/30; 6/15/46.

To establish standards for tuberculosis hospitals and sanatoria
Adopted 5/14/27; amended 6/5/28; 8/12/32; 1/17/39; 5/19/39;
10/21/48.

Obtaining state subsidy
Adopted 5/11/20; amended 6/5/28; 2/14/33; 3/13/34.

Minimum requirements for tuberculosis dispensaries as defined by
the Department of Public Health
Adopted 4/6/15; amended 7/11/16; 11/15/19; 1/1/20; 4/11/33.

Minimum requirements for uniform dispensary record system
Adopted 7/14/25.

Governing the hospitalization of patients with chronic rheumatism
Adopted 5/8/45.

Reporting and control of venereal diseases
Adopted 12/16/17; amended 5/12/18; 6/11/18; 3/11/19;
11/12/23; 10/1/28; 10/8/29; 1/14/30; 1/14/36; 8/9/38;
4/11/44; 11/3/48.

Treatment of persons suffering from venereal disease who are
unable to pay for private medical care
Adopted 2/14/33; amended 8/10/37; 8/9/38; 9/12/39; 11/5/40;
4/13/48; 11/3/48.

Issuance of premarital medical certificates
Adopted 4/11/30.

Approved prophylactic remedy for use in the eyes of infants at
birth
Adopted 5/12/35.

PERSONNEL SECTION

Mary Carr Baker, A.B., M.P.H.

The major training activities formerly carried out in the Personnel Section were transferred to the newly organized Division of Training. The fiscal arrangements for all training remain with the Section, but the amount of training has been curtailed because of the limited amount of Federal funds available for this purpose.

The Advisory Fellowship Committee interviewed candidates and selected two physicians, one junior sanitary engineer and one health district sanitary officer from the Department and one nurse from the Barnstable County Health Department for training during the next fiscal year. The stipend or the tuition for some of the sanitary personnel taking the field training course during the summer and fall at the University of Massachusetts was paid by the Department. This training will be continued during the next fiscal year if funds are available, and it is hoped that a similar field training course for public health nurses can be developed during the next year.

Six medical students and one engineering student were selected for temporary employment in the Department during the summer months. This is a program to acquaint these students with public health work in the hope that some of them will seek employment in a public health department after graduation.

Special training courses in personnel record procedures were conducted for all the division and institution personnel clerks. These courses have resulted in an improvement in the requisitions and personnel forms submitted to the Personnel Section, and along with changes in the section office procedures, there has been improvement in the processing of institution personnel requisitions.

A job and time study made in the district health offices has resulted in a different allocation of Federal Funds in order to meet the Federal requirement that 80% to 100% of an employee's time is spent on the work indicated by the categorical fund from which he is paid.

Although there has been a decrease in the number of vacant positions, there is still a shortage of professional personnel in the Department. The following table shows 35 vacant positions at the end of the fiscal year as compared with 44 last year. During the year there were 186 position changes and 145 or 77.9% were from resignation.

FINANCIAL DATA
(Exclusive of Institution)
as of June 30

Fiscal Year	Total Positions Authorized	Total Positions Filled	Total Position Changes	Positions Vacant
1947-48	691	627	203	64
1948-49	687	632	224	55
1949-50	687	643	222	44
1950-51	630	595	186	35

Terminations--Transfers

Fiscal Year	Total	Resignations	Transfers	Retirements	Miscellaneous
1947-48	203	168	19	2	14
1948-49	224	183	9	1	31
1949-50	222	109	23	10	30
1950-51	186	145	7	8	26

During the year there were 129 emergency appointments ranging from one to several weeks or to several months.

HEALTH INFORMATION SECTION

Mrs. Lillian Derderian, M.P.H., Ed. M., Chief

On December 7, 1950, a full-time director for the Section was appointed by promotion of Mrs. Derderian from the position of Coordinator of Public Health Education. During the fiscal year the Section has been reorganized into two service units, and during this short period of operation there is evidence of increased efficiency and services rendered by the Section.

The publication, production and distribution section has increased the duplicating services some 45%. During this same time, 12 new or revised pamphlets were produced, as well as 3 exhibits used at professional meetings. During the year the Senior Editorial Clerk released 151 stories on Department activities, which included numerous special events and activities pertaining to public health. The Department library acquired several new books and periodicals and continued to collect special material relating to public health. The film library circulated 1,650 films during the year.

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During the year four additional Health Educators were assigned to district health offices, leaving only three district offices without services of a Health Educator. With the assignment of educators to the district offices, a unit of field service was established in the Section under the direction of the Chief Coordinator of Public Health Education. The services of these educators in the field have carried public health education directly to the local level, and there has been excellent cooperation with health educators in the official and voluntary agencies at the local level. With the addition of new personnel, it was necessary to establish a field training and apprenticeship program so that the new employees could gain a proper orientation in the Department before assuming their permanent assignment in the districts. This training was directed by the Chief Coordinator of Public Health Education.

The activities of the educators in the districts have been varied and expanded to include many of the specialized fields in public health education. Through periodic staff conferences, the central office staff and the field staff are able to coordinate their activities, and in this way provide more efficient and profitable service.

NURSING SECTION

Miss Ethel M. Brooks, R.N., Chief Supervisor

The public health nursing demonstration service in Templeton, Royalston, Hubbardston and Phillipston was continued during the year. It is anticipated that the communities will assume full financial responsibility of the nursing service as of November, 1951. Conferences have been held with several other communities to discuss problems pertaining to the demonstration of public health nursing services.

Plans have been developed with the Division of Training for field training of public health nurses. There will be 4 training areas--1 urban, 3 rural--with students placed in 1 rural area. The other areas will be developed and strengthened before students are assigned.

The census of public health nurses in Massachusetts as of January, 1951, shows a total of 1,328, of which 1,254 were full-time nurses; 72 part-time nurses; 11 public health nursing coordinators in schools of nursing.

Special educational activities carried out during the fiscal year included planning a two-week cancer nursing institute for public health nursing personnel in local agencies; evaluation of nursing services in local health departments; assisting schools of nursing in developing training programs pertaining to tuberculosis; planning programs and exhibits for tuberculosis nursing conferences and institutes.

The following is a list of the names of the persons who have been appointed to the various positions in the Department of the Interior, for the year ending June 30, 1900. The names are given in alphabetical order, and the positions are given in the order in which they are filled.

Asst. Secy. of the Interior, Mr. J. M. Smith. Asst. Secy. of the Interior, Mr. J. M. Smith. Asst. Secy. of the Interior, Mr. J. M. Smith. Asst. Secy. of the Interior, Mr. J. M. Smith. Asst. Secy. of the Interior, Mr. J. M. Smith.

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The consultants assisted the various divisions and sections, particularly the Maternal & Child Health Division, with their individual problems, clinics and educational programs. The consultants with special training in medical and nursing aspects of civil defense assisted the Massachusetts State Nurses Association with the training of nurses in civil defense.

During the workshop of June, 1950, a group revised the School Health Record with the assistance of an advisory committee and the part of the record used by teachers has been completed. The records have been printed and are to be used in five areas as a pilot study and it is hoped that the record will be accepted as the State School Health Record.

NUTRITION SECTION

Miss Dorothea Nicoll, M.S., Nutrition Supervisor

In addition to the basic programs of the section, expanded and new activities include assisting proprietors of nursing homes and boarding homes for the aged to improve food services; devising a food habit record sheet for patient or family to fill out to evaluate and follow-up eating habits of patients at Crippled Children clinics; assisting the Division of Tuberculosis to resolve differences in per capita food costs figures and the use of vitamin supplements.

Conferences and group discussions were held with local public health nurses and with teachers in each district to bring them recent developments in nutrition and new teaching aids as well as assist them with nutrition problems in homes and schools. Consultation on meal preparation and service and the training of food service personnel at the three training schools under the auspices of the Massachusetts Youth Service Board was continued.

A major portion of the time and efforts of nutritionists was devoted to workshops, institutes and nutrition educational programs which included school lunch guidance. In some districts every school lunch was visited during the year. Many new lunch programs were opened and those already functioning were given a great deal of guidance. One all-day meeting for school lunch room managers was held in each district and each nutritionist participated in the annual one-week school lunch conference.

Considerable time was spent in the revision and preparation of new nutrition educational manuals, leaflets and pamphlets.

New developments in the activities of the section include the preparation of suggested qualifications, position descriptions and salaries for nutrition personnel, together with suggested desirable and minimum nutrition services for local health units; the organizing and planning the nutritionist's role and responsibilities in civil defense; a study of health and nutrition practices of adults in cooperation with the Division of Cancer and Other Chronic Diseases.

SOCIAL SERVICE SECTION

Helen J. Almy, Chief

The Section of Social Service contributes to the Department program in four important areas--(1) medical social consultation and case work services in behalf of individual patients, (2) participation in program planning and policy formation, (3) participation in community organization and (4) participation in educational activities. The records of the Section indicate that crippled children, rheumatic fever cases and maternal and child health cases receive the major portion of service from the Section, with about five times as much service being given to crippled children. The medical social consultation and case work services have increased in the various units of the Department.

The Section personnel has been active in participating in program planning and policy formation in the newer Department programs, especially alcoholism, cardiac disease and health protection clinics. Much time has been devoted in formulating a statement on the role of the medical social worker in civil defense, with an outline of suggested duties.

To strengthen the services in the community, the Section has been active in developing relationships and working agreements with other state and local social agencies to stimulate awareness of needs and to plan with them toward development of resources.

The medical social training project has progressed, particularly by participation in classroom instruction at the 3 Boston schools of social work and at Harvard, orientation and observation opportunities for practicing workers and students, a stepped-up staff development program through provision of regular consultation periods, field training for medical social students and supervision of theses projects undertaken by medical social students for their master's degree.

DIVISION OF TRAINING

Dr. Leon A. Bradley, Director

The shortage of public health personnel and an increasing demand for more highly specialized workers and better trained people for an increasing number of staff positions in state and local health agencies has made it necessary during the past year to enlarge the scope of our training program. In general, the program is divided into three categories -- (1) general and specialized orientation programs, (2) grant of scholarship and fellowship aid for formal academic training, and (3) development of field training programs for specialized public health personnel.

More and more requests are received for orientation and observation experience in the various units of the Department. By better coordination of this important function, much duplication will be eliminated and better training and experience provided.

A limited amount of Federal Funds for training purposes are inversely proportional to the requests for this type of assistance. A limited amount of aid has been given to qualified candidates from the Department and from local health agencies.

The field training program for sanitarians, established two years ago, has proven so satisfactory that a field training program for public health physicians has been instituted. Plans are nearing completion for a similar training program for public health nurses. In the near future, it is hoped to have similar full-scale programs for medical social workers, health educators and other specialized public health personnel. A liberal 5-year grant of funds from the W. K. Kellogg Foundation has made possible the expansion of this important phase of training. It is planned that at the end of this 5-year period the Department will have assumed the entire support of this field training program.

MEDICAL & HEALTH DIVISION, MASSACHUSETTS CIVIL DEFENSE AGENCY

Robert E. S. Kelley, M.D., Executive Medical Officer

The Massachusetts Civil Defense Agency was created under the provisions of Chapter 639, Acts of 1950. Executive Order #3, issued October 18, 1950, by the Governor, established a Medical & Health Division within the Civil Defense Agency, assigned the Department of Public Health as the sponsoring agency, and named the Commissioner of Public Health as the head, ex-officio. Executive Order #4, issued November 13, 1950, by the Governor, established the 12 services to be furnished by the Medical & Health Division in the event of disaster.

To implement the Medical & Health Division, one of the district health officers was relieved from his permanent assignment and assigned as full-time executive medical officer. In addition to their other duties, other Department personnel were assigned as coordinators to assist chiefs of the various services. The organization of the Medical & Health Division at the state, regional and local level has been accomplished, personnel have been assigned, and duties and responsibilities for each have been delineated. Funds for a pilot study to ascertain the cost and mechanics of a mass blood grouping and Rh typing program throughout the Commonwealth were appropriated, and this study is nearing completion. Additional funds should be made available for stockpiling essential emergency equipment and supplies. These supplies and equipment will be rotated so as to prevent deterioration. In addition, various hospitals have been requested to increase their normal inventory on critical items and by rotation maintain an increased supply of critical items throughout the state.

The organization and planning of the various services with training of auxiliary personnel, and the preparation of manuals has progressed. A survey of the capacities and facilities of hospitals throughout the state has been completed, and from this data estimates of various emergency hospital resources have been compiled. Steps have been taken to develop detailed plans for the organization, training and equipping of mobile first-aid units required to handle the estimated number of casualties. Plans are also being developed for the equipping and staffing of reserve and casualties hospitals.

BUREAU OF INSTITUTIONS

DIVISION OF TUBERCULOSIS & SANATORIA

Alton S. Pope, M.D., Dr.P.H., Director

For the third successive year, there was a substantial drop in tuberculosis mortality in 1950. A total of 1,005 deaths was reported, which gives an all-time low death rate of 21.5 for all forms of tuberculosis in Massachusetts.

Chapter 732 of the Acts of 1950, approved August 7, 1950, provided for the periodic examination of school employees and prohibited employment in schools of persons suffering from tuberculosis in a communicable form. At the close of the fiscal year, about 95% of the estimated total of 60,000 eligible school personnel had been examined. Of this number, 15,975 x-rays have been read and the results analyzed. Of these, 65 films were excluded because they were spoiled and were not retaken and it was necessary to make re-takes on 114 persons. Of the 15,910 films read, 72 cases were not certified and were referred to local county or state sanatoria for further study, and a total of 17 were given temporary certification pending examination by either a private physician or at a sanatorium. A total of 15,821 persons were certified for employment. Of this number, 25 were referred to local county sanatoria for further study of stable lesions, 128 were referred to private physicians and further study of conditions other than tuberculosis, 44 were sent personal notes for known stable lesions and 46 received personal notes for known conditions other than tuberculosis, which leaves 15,578 persons with negative x-ray findings.

On October 20, 1950, 10 licensed attendants graduated from the Department training school at Pondville Hospital and a second class of 11 graduated on May 4, 1951. A third class is now in training. On April 1, 1951, 8 licensed attendants graduated from the Westfield State Sanatorium training school and a second class is now in training. Considerable difficulty has been encountered in securing qualified candidates for these training schools, and it is hoped that intensified recruitment efforts will increase the number of trainees in each of the schools. It is encouraging to note that most of the trainees have elected to remain as permanent licensed attendants at the institution where they received their training.

In view of the decreasing need of beds for children with rheumatic fever and the long waiting lists of children with acute forms of tuberculosis and the availability of beds for rheumatic fever patients at other institutions, the rheumatic fever unit at North Reading was closed on June 30, 1951 and the beds are to be

DECLARATION OF INDEPENDENCE

WE, the Representatives of the United States of America, in Congress assembled, do hereby declare that the United States of America are, and of right ought to be, a free and independent State, separate from every other Power, and that they are, and of right ought to be, free to pursue their external relations in perfect harmony with the principles of justice and equity.

That the United States of America are, and of right ought to be, a free and independent State, separate from every other Power, and that they are, and of right ought to be, free to pursue their external relations in perfect harmony with the principles of justice and equity.

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used for children with acute forms of tuberculosis. The rheumatic fever clinics at North Reading are to be continued, and insofar as funds permit, the Department will pay the costs of hospitalization of rheumatic fever patients at the House of the Good Samaritan in Boston.

In accordance with the decision of the Department, the Commission on Administration & Finance and the Joint Ways & Means Committee, the farms at Lakeville, North Reading, Rutland and Westfield Sanatoria have been closed and the livestock sold or transferred to other institutions. Former employees not needed for the maintenance of the sanatoria have been transferred to other state institutions. Recommendations have been submitted for the sale of farms and farm property not needed for the protection of the sanatorium.

During the fiscal year, the following construction was completed:

Nurses' Home at Pondville Hospital
The Superintendent's house and duplex house for
physicians at North Reading Sanatorium
The fire alarm system at Lakeville Sanatorium

Plans and specifications have been completed or contracts have been awarded for the following projects:

Improvements to the steam and electrical distributions systems at Pondville Hospital
Out-patient, research and laboratory building at Pondville Hospital
Addition to water supply system at Pondville Hospital
50-bed addition to nurses' home at Lakeville Sanatorium
Power plant improvements at Lakeville Sanatorium
Sewage disposal system improvements at North Reading Sanatorium
Fire alarm system at North Reading Sanatorium
Construction of the Lemuel Shattuck Hospital.

The mobile x-ray clinic has continued to give service to communities and assemble groups in factories, colleges, food handlers and school personnel. During the year, 164,700 x-rays were made, and of this number 982 were positive for tuberculosis, of which 411 were previously reported cases or were aware of this condition. In addition, 289 x-rays showed lesions suspicious of tuberculosis, and there were 423 non-tuberculous lesions diagnosed, of which 93 were already known to the individual. Definite cardiac pathology was noted in 1,093 x-rays, and of this number 462 were previously aware of this pathology. In addition, 443 x-rays showed other types of pathology, and of this number 83 had been previously diagnosed.

A decrease of almost \$30,000 in Federal tuberculosis funds

has curtailed the case finding work of the Department, and its sub-grants to the local health departments, general hospitals and sanatoria. An approximate total of 295,600 x-ray examinations were reported by these various agencies with equipment loaned by the Department and the Federal sub-grants given to them during the fiscal year.

Subsidies paid by the Department to cities and towns for the hospitalization of tuberculosis patients during the calendar year 1950 amounted to \$454,611.95, an increase of \$17,449.00 over the 1949 calendar year.

Under the Department's arthritis program, 121 patients were admitted to the Massachusetts General Hospital for an average stay of 60 days. Of the 105 discharged patients, 81 were classified as improved, 21 as unchanged, and 3 died.

LAKEVILLE STATE SANATORIUM

Harry A. Clark, M.D., Superintendent

During the past year, patients with extra pulmonary tuberculosis, poliomyelitis and children with crippling conditions, including cerebral palsy were treated at the Sanatorium. There were 155 patients in the Sanatorium on January 1, 1950, and during the calendar year, 250 patients were admitted and 223 discharged, with a patient census of 182 on December 31, 1950.

The use of para-aminosalicylic acid combined with streptomycin has produced gratifying results in the treatment of extra pulmonary tuberculosis. Due to the increased incidence of anterior poliomyelitis during the fall and winter of 1950, it was necessary to provide a third respirator to accommodate these patients. The treatment of crippled children included several spastics admitted for surgical intervention. These patients did not require the specialized training provided in the spastic unit.

School classes were continued but no graduation was held, as only one 8th grade pupil remained in June, and this patient received his diploma from his own school. Fifteen reading certificates were awarded.

Recommendations were made for increased housing facilities for the resident staff and adequate parking facilities for the large number of visitors and hospital personnel.

NORTH READING SANATORIUM

Roland R. Cartier, M.D., Acting Superintendent

There were 164 patients as of July 1, 1950, and a total of 126 remaining on June 30, 1951. A total of 70 tuberculosis and 46 rheumatic fever patients were admitted during the fiscal year. The average age of the tuberculosis patients was 6.2 years, and the average age of the rheumatic fever patients 11.2 years. Including

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deaths, there were 85 tuberculosis patients and 69 rheumatic fever patients discharged.

Para-aminosalicylic acid in conjunction with streptomycin has been very effective in the treatment of tuberculous meningitis and the miliary forms of tuberculosis. A plan of research was initiated to observe the effects of treatment of rheumatic fever cases with ACTH, Acetyl salicylic acid and Cortisone. It is too early to report any significant results. During the year, bronchoscopies were done at the Sanatorium instead of referring cases to the Massachusetts General Hospital, and resulted in a financial saving, as well as being of value for staff training. The dental service was expanded from $\frac{1}{2}$ day per week to three $\frac{1}{2}$ day sessions per week. This, in addition to new equipment obtained from the Division of Dental Health, has provided a more adequate dental supervision of patients in the Sanatorium.

The school program for the year has been expanded, and because of the necessity of dividing the patients into several units, a serious load was placed on the teachers. However, the closing of the rheumatic fever service has eliminated one of the teaching units, and this will lighten the teaching load.

Recommendations have been submitted for alterations, replacements and improvements of existing facilities. Because of the increased work in the business office, additional clerical help has been requested, and to assist in the maintenance work, a third-class power plant engineer has been requested.

RUTLAND STATE SANATORIUM

Paul Dufault, M.D., Superintendent

As of July 1, 1950, 258 patients remained in the Sanatorium, and there were 204 on June 30, 1951. There were 205 patients admitted during the year. Including deaths, there were 259 discharges. Streptomycin, in conjunction with Para-aminosalicylic acid, has given good results in the treatment of adult tuberculosis. There has been no appreciable increase in the use of collapse therapy.

In addition to the university extension courses, the teacher-librarian has given instruction in sewing and dressmaking and elementary dietetics. The occupational therapy department has continued its service to the women and men in the various forms of handicraft.

Because of the age and repair of the Sanatorium, it is recommended that the Sanatorium be completely rebuilt, preferably in a metropolitan area, and if a change of location is not possible, that the Sanatorium be completely rebuilt on the present site. Because of the location of the Sanatorium, additional quarters for male and female employees and houses for the Superintendent and physicians should be provided. There is urgent need for new x-ray equipment.

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WESTFIELD STATE SANATORIUM

Wilson W. Knowlton, M.D., Superintendent

As of January 1, 1950, there were 130 adult pulmonary tuberculosis patients and 21 cancer patients in the hospital. At the close of the calendar year, there were 138 tuberculosis patients and 28 cancer patients. During the year, 131 tuberculosis patients and 541 cancer patients were admitted to the Sanatorium. Including deaths, 123 tuberculosis patients and 534 cancer patients were discharged.

During the year, the admitting office was reorganized by moving these activities from the out-patient department to an office off the main hospital lobby. Because of the shortage of nursing personnel, activities in the hospital have been curtailed to some extent, and this shortage was more critical in the operating room, since it necessitated a delay in the operations of many urgent cancer patients.

PONDVILLE HOSPITAL

George L. Parker, M.D., Superintendent

At the beginning of the fiscal year, there were 54 cancer patients in the hospital, and 50 patients remained at its closing. During this time, there were 1,064 admissions, and including deaths, there were 1,068 discharges. An additional important function of the hospital continues to be cancer instruction to physicians, nurses, dentists and medical students, through clinics, lectures and staff conferences held at the hospital.

Because of the difficulty in the laundry service provided by the Norfolk Prison Colony, it is recommended that the hospital be authorized to construct and equip a laundry at the institution to provide this very important service, or permit the institution to purchase satisfactory laundry service other than at the Prison Colony. It is also recommended that one elevator in the service building be replaced so as to provide dependable routine and emergency service. Repairs to the electrical wiring in several of the employees cottages should be made as a fire prevention measure, the roads in several areas should be repaired, and because of recent lightning damage to hospital buildings, adequate precautionary measures should be instituted.

DIVISION OF CANCER AND OTHER CHRONIC DISEASES

Herbert L. Lombard, M.D., Director

On May 29, 1926, the Massachusetts cancer program was inaugurated. During this 25-year period the objectives of the program have been (1) the prevention of cancer (2) recognition and treatment of cancer in its early stages and (3) case investigation and study of the disease in its many phases.

The Pondville Hospital and the cancer section of the Westfield State Sanatorium have furnished hospital facilities for patients with cancer or suspected cancer of all types who could not otherwise be adequately cared for, provided the patient had lived in Massachusetts 2 out of the preceding 3 years and was certified for admission by a practicing physician. Another service provided residents of the Commonwealth is the tumor diagnostic service maintained by the Department of Public Health in conjunction with the Harvard Cancer Commission. Physicians and hospitals have been able to send suspicious tissue for examination to determine the presence or absence of cancer. During the past year, there has been a 17% increase in the number of doctors using the service and a 16% increase in the number of hospitals and clinics using the service. A total number of 9,862 specimens were received during the last fiscal year. Considerable difficulty has been experienced in financing this service during the past year due to a reduction in Federal funds and a lack of an increase in State funds that can be used for this service.

During the course of the cancer program, state-aided cancer clinics have been opened in 27 hospitals, and during this time 8 of these clinics have been closed. At the present time, 19 hospitals are maintaining state or state-aided cancer clinics, and if sufficient funds are made available, it is hoped to establish 4 or 5 additional clinics. These clinics furnish group diagnosis and maintain a follow-up service for all individuals diagnosed as having cancer or pre-cancerous conditions. The total attendance to these clinics for the past fiscal year was 27,551, which is practically the same as in the preceding year.

Cancer education has long been an important activity of the Division. The educational programs include graduate instruction; the distribution of a book, "Cancer--A Manual for the Practitioner"; a cancer bulletin; special teaching clinics for professional personnel, and booklets, manuals and moving picture films for lay education.

A unique feature of the Massachusetts cancer program has been the epidemiological and biometrics studies relating to cancer. During the 25 years of program operation, the crude death rate for both males and females has increased, but after the rates have been adjusted to allow for the changes in the age distribution of the inhabitants, the increase was limited to males with an annual increment of 1.1%, while the death rate for females has decreased annually by 0.4% during the past 25 years. The early records indicate the crude death rate and the age adjusted death rates were higher in females than for males, but the last 10 years, the adjusted rates for males have been higher than those for females and for the past 3 years, the crude rates for males have exceeded that of the females.

Much time and emphasis has been placed on genetic and environmental research and epidemiological aspects of cancer. Records are maintained and are compared with control groups in an

attempt to establish definite facts relating to cancer.

The cancer detection center project operated from May 1948 to July 1950 was discontinued and the statistical evaluation of the project showed that a special cancer detection clinic was too expensive for the number of cases diagnosed. The cost of a routine examination is about \$25.00 per patient. However, the clinic indicated the types and the extent of the various examination procedures most useful in the detection of cancer, and it is believed that these measures can be used in a health protection or general examination clinic and will be adequate for the detection of early cancer.

The Department, in cooperation with the Public Health Service, the Massachusetts Heart Association, the Massachusetts Division of the American Cancer Society, and a Committee of the Massachusetts Medical Society established a Health Protection Clinic as a mass screening for multiple chronic illnesses in order to establish valid mass screening techniques. Valid screening techniques are not intended to replace the diagnostic skills of the physician since screenees who have positive results are referred to a physician for definitive diagnosis and treatment. The results of these clinics indicate that unrecognized disease can be detected by good screening techniques, and although the latest cost figure of \$16.25 per individual screened is too high, the adjustment of diagnostic procedures and follow-up can be reduced so that the clinic cost per person screened can be reduced.

A study was inaugurated to determine the extent to which a community would participate in self-testing as a diabetes control measure, the reasons for participation or for failure to participate in the program, the ability of individuals to perform the test and interpret the result, the difficulties encountered in performance of the test, and the extent to which those with suspicious findings would seek medical advice. This study showed that a community will participate in such a program when there is concerted action on the part of local groups. However, 41% of those who obtained a kit free of charge failed to use it, and many others whose test had been positive failed to consult a physician. Additional details of this study are being prepared.

The Division's heart program consists of furnishing social service facilities to existing heart clinics; and in cooperation with the Massachusetts Heart Association, the Bay State Rehabilitation Center and the State Division of Vocational Rehabilitation, a work classification unit for the rehabilitation of cardiac cases was established late last year. The refresher course for technicians in prothrombin and clotting time determinations has been continued by the Newton Heart Demonstration Program with financial assistance furnished by the Massachusetts Heart Program.

The first of the three principal objects of the Commission was to ascertain the extent of the land which was then in the possession of the Crown, and to determine the value of the same. The second object was to ascertain the extent of the land which was then in the possession of the private owners, and to determine the value of the same. The third object was to ascertain the extent of the land which was then in the possession of the public, and to determine the value of the same.

The Commission found that the land which was then in the possession of the Crown was of a very great extent, and that its value was very high. The land which was then in the possession of the private owners was of a very great extent, and that its value was very high. The land which was then in the possession of the public was of a very great extent, and that its value was very high.

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DIVISION OF HOSPITALS

A. Daniel Rubenstein, M.D., M.P.H., Director

Hospital Survey & Construction Section

Since the beginning of the Hill-Burton program in Massachusetts, 33 construction projects have been approved. A total of \$7,742,591.00 in Federal funds have been allocated for construction or for purchase of equipment in these projects. A total of 29 projects are completed or are nearing completion, including 20 hospitals and 1 public health center. Three hospital projects should start construction in the near future and another public health center project has been approved. In summary, a grand total of 1,670 beds and 345 bassinets has been added in projects assisted by Public Law 725. Of these, 1,282, or 77%, are general hospital beds and 388, or 23%, are chronic hospital beds.

Hospital Licensing Section

As of June 30, 1951, there were 196 licensed hospitals and sanatoria in the Commonwealth of Massachusetts. Of these hospitals, 23.9% have 26-50 beds, and 25% have 51-100 beds, with only 4.6% having 301 or more beds. During the fiscal year, 5 new licenses and 88 renewals were issued for a 2-year period. Also, during the year 3 hospitals were closed. The licensing and inspection is only a small part of the service rendered to hospitals and sanatoria. Actually, the bulk of the service provided is consultation to enable the institutions to provide improved facilities and services for the public.

It is estimated that there are approximately 300 clinics in the Commonwealth, and only 53 are licensed by the Department and the remainder not inspected or licensed. During the year, 47 clinic licenses were renewed and 6 new licenses were issued. Four clinics were closed.

The records indicate that there are approximately 683 convalescent or nursing homes in the Commonwealth, and only 388 of these have been licensed, with a residual of 295 applications on file in the Department. During the past year, 70 licenses were renewed and 124 new licenses were issued.

There are also at least 805 boarding homes for the aged in the Commonwealth and only 412 of these are licensed, leaving 393 with applications on file in the Department. During the year 59 licenses were renewed and 147 new licenses were issued.

There is no definite information available as to the number of convalescent or nursing homes and boarding homes for the aged operating in Massachusetts. Many of the homes not licensed are not meeting the minimum standards of the Department and should not be operating. One of the serious problems confronting the Section is the complete indifference of referral

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groups who continually place patients in boarding homes for the aged and boarders in nursing or convalescent homes. It is more serious when a patient is placed in a boarding home for the aged, because professional personnel are not required to supervise the care of individuals in a boarding home for the aged. It is equally unfortunate to place an ambulatory individual in the environment of a nursing or convalescent home when the major portion of the patients are terminal cases.

Because of the shortage of inspectors it is not possible to visit and recommend licensing of all the clinics, convalescent or nursing homes and boarding homes for the aged known to be in operation in the Commonwealth.

INSTITUTE OF LABORATORIES

Johannes Ipsen, M.D., Superintendent

On March 1, 1951, Dr. Johannes Ipsen assumed the position of Superintendent of the Institute of Laboratories, with offices in the Biologic Laboratory. The Institute is composed of the Diagnostic Laboratory unit, which consists of the Wassermann Laboratory and the Bacteriological Laboratory formerly in the Division of Communicable Diseases, and the Biologic Laboratory composed of the Antitoxin & Vaccine Laboratory and the Blood Laboratory.

Biologic Laboratories - James A. McComb, D.V.M., Director

There has been a marked increase in the demand for the new products provided during the past year, notably the multiple prophylactic antigens--diphtheria and tetanus toxoids with pertussis vaccine aluminum phosphate precipitate (DTP) and diphtheria and tetanus toxoid aluminum phosphate precipitate (DT). Most of the standard products have maintained their normal distribution level or have shown only slight increases.

During the past year, the laboratory has been more fortunate than in recent years in being able to initiate or complete a greatly increased number of studies directed toward improvement of biologic products or increasing basic knowledge regarding them. While a great deal of effort has been directed towards the antigen-antibody systems of toxins, toxoids and bacterial vaccines, a wide range of investigative material has been accumulated. Some findings have immediate application, such as in the preparation of normal human plasma, while other findings merely point the way to future work.

Since 1948, the plasma testing program instituted and supported by the Research Corporation has shown a gradual increase. This has been due to the increase in the amount of blood and products connected with the Red Cross blood program and also the increased output of blood products by commercial laboratories.

Throughout the year the laboratory continued to cooperate with the American Red Cross in its National Blood Program as well

as in the Massachusetts program. Pilot or developmental studies for the Red Cross consumed a major portion of the time of personnel in the blood laboratory. The work done by the laboratory for the Red Cross was on a reimbursable cost basis and it is anticipated that this pilot study work will be continued by the laboratory during the next fiscal year.

Diagnostic Laboratory - Robert A. MacCreedy, M.D., Director

During the calendar year 1950, the Diagnostic Laboratory received 52,213 specimens on which 110,056 examinations were made. The decrease in the number of specimens received in the laboratory (from 90,670 in 1949) is primarily due to the fact that the laboratory no longer performs the check blood grouping and Rh typing for the Red Cross bleeding units.

During the year the laboratory has devoted considerable time to the expansion of agglutination tests as a screening tool for the diagnosis of such conditions as typhoid, brucellosis or heterophile antibodies. These three agglutination tests were performed routinely on all blood or serum specimens received with a request for any one of the tests. It appears that such screening is profitable, since a number of agglutinations for infectious mononucleosis were positive when brucellosis had been suspected instead.

A stabilization sensitivity study of routine specimens found positive for tubercle bacillus was carried out and it was thought that these sensitivity tests might prove a useful tool epidemiologically as well as valuable to the physicians treating the tubercular patients. So far, the study has demonstrated that such tests could be performed feasibly in the laboratory and roughly 10% of the tubercle bacillus listed showing significant streptomycin resistance and an additional 10% showing some streptomycin resistance.

During the latter part of the fiscal year, teams doing blood grouping and Rh typing in conjunction with the Civil Defense blood program were organized. One of these teams was based in Boston and the other at the University of Massachusetts. Because of limited funds, these teams are a pilot study chiefly to determine the cost and the feasibility of doing mass blood grouping and Rh typing. The results of this study are not yet available.

The laboratory approval program continued to increase, and of the 179 laboratories receiving certificates, 140 laboratories received approval for bacteriological and serological tests, 40 laboratories received approval for sanitary procedures and 34 laboratories received approval for diagnostic tests for syphilis. A total of 931 tests were certified, including those for sanitary procedures.

Wassermann Laboratory - William A. Hinton, M.D., Chief

During the year the laboratory received 544,647 specimens, upon which 566,574 tests were performed. This is only a slight

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increase in the amount of work done during the previous year, but because of the shortage of funds, this work was accomplished with fewer technicians, and at the expense of research and development studies.

Based on the results of the Public Health Service evaluations of the laboratory, plans are being made to improve the efficiency of the serologic service by substituting cardiolipin and lecithin for beef heart extract in the preparation of antigen for the Hinton test. Studies indicate that this change will greatly improve the quality of the laboratory's work in the serologic detection of syphilis.

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BUREAU OF PREVENTIVE MEDICINE

DIVISION OF LOCAL HEALTH ADMINISTRATION

Robert E. Archibald, M.D., M.P.H., Director

During the year much progress has been made in acquainting the citizens of the Commonwealth with the need for union health departments. The Citizens' Committee, appointed by the Governor, has organized into area committees for the promotion of adequate local health departments. A proposed master plan for local health units provides for 37 public health units if the city health departments remain separate from the district units. In the event that a city health department should be willing to combine with its neighboring district unit, then it is proposed to have a total of 26 public health units.

To assist communities to better understand the requirements for a local health unit, suggested standards for the qualifications, duties and salaries of local health personnel and the minimum and desirable services to be rendered by a full-time local health department, as well as a proposed formula for the distribution of state and Federal funds to full-time local health departments have been prepared. There has been considerable interest in various sections throughout the state and a number of communities have introduced articles in their town warrants requesting the town moderators to appoint a committee of at least 5 members to study the provisions of the local health bill. Considerable interest has also been shown inukes and Nantucket Counties to unite with Barnstable County for the formation of a tri-county health department. Permissive legislation will be required, and it is believed that such a bill will be introduced during this session of the General Court.

The Division, through an Accident Prevention Advisory Committee, has been active in assisting communities in the development of accident prevention programs. A very active home accident program is being developed by the health departments in Cambridge and in Worcester. To further assist in an accident prevention program, the Nursing Section of the Department has prepared a manual on home accident prevention for the use of public health nurses throughout the Commonwealth.

During the year more communities have secured the services of a full-time health officer and other professional personnel in local health departments in the Commonwealth. Whether this is a result of interest in the development of adequate local health departments is hard to evaluate, but such coverage does provide better public health facilities for more residents of the Commonwealth.

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During the year it has been possible to maintain more adequate staffs in the district health offices, but there continues to be a shortage of district health officers. However, with the implementation of a department training program, it will soon be possible to have sufficient trained medical health officers to adequately staff the district offices, and as this program progresses, it is hoped to be able to provide qualified medical health officers for local health units in the Commonwealth. The routine activities of the district personnel have continued, and in addition, considerable time has been devoted to in-service training and also the field training of students and local health unit personnel.

DIVISION OF COMMUNICABLE DISEASES

Roy F. Feemster, M.D., M.P.H., Director

During the calendar year 1950, a total of only 69,228 cases of communicable diseases was reported, and this is the lowest number since 1916. The low figure is due to the fact that certain highly infectious diseases such as chicken pox, german measles, measles, mumps and scarlet fever, happened to be at a low ebb during the year.

Disease outbreaks continued to be infrequent, which makes it possible for the district health officers to carry out investigations with a minimum of assistance from the central office. This means that the physicians in the Division can devote more of their time to following up individual cases and to carrying out special field studies.

A number of special studies and projects were conducted during the fiscal year. Diphtheria immunization of high school students, which was started in 1947, was continued during the year with the principal objective of determining if a single dose of 0.1 cc of double antigen will give a sufficient boost. It had already been determined that that amount of fluid toxoid was not sufficiently effective. The Division cooperates with the Institute of Laboratories in trying out biologics in the field. One of the problems investigated during the year was to determine if diluted tuberculin remains potent enough to distribute in the diluted form. As a result of these field trials, diluted tuberculin was ready to go into distribution at the end of the fiscal year. Since it seems unlikely that the Department will ever resume its study of the manufacture of scarlet fever toxoid due to the continued low virulence of the disease and to the quick response to sulfa drugs and antibiotics, arrangements were made with one of the commercial manufacturers to try out tannic acid precipitated toxin in two of our children's institutions. In both instances, the number of

37.

children who were rendered Dick negative was disappointingly low. The manufacturer thought that the difficulty may have been the quality of toxoid, since the method of stabilizing the material was in the process of change. The final observations in the wood tick survey were made early in the fiscal year, the report to the Legislature was prepared and submitted. The conclusions reached were that where ticks are found in abundance, they can be greatly reduced in number by spraying roadsides with D.D.T. at the rate of one pound per acre.

During the year much time was devoted to formulating plans and attending meetings in connection with Civil Defense. The Director acts as liaison officer for the Section on Communicable Diseases and Biological Warfare.

DIVISION OF MATERNAL & CHILD HEALTH

R. Gerald Rice, M.D., M.P.H., Director

The general objectives of the Division programs are to raise the standards and expand the scope of public and private health supervision and medical care for mothers and children, so that mothers may enjoy childbirth without fear of death, disease, or disability and that they may be prepared to accept their responsibility for the bringing-up of their children in a happy, healthful manner; and so that childhood morbidity and mortality may be further reduced and children may reach adulthood in a state of physical, mental and social well being, each one able to take his rightful place in the Commonwealth.

Since the division was formed in 1915, the infant mortality rate fell from 99.8 per thousand live births to 24.4 in 1949. During this same period, the maternal mortality rate declined from 4.6 to 0.6 per thousand live births. These declines resulted in the saving in 1949 of the lives of 7,446 infants and 401 mothers who would have died if the 1915 rates had prevailed in 1949.

The chief credit for the improved mortality rate must be given to the medical profession of the state, to an enlightened public and to other factors beyond our present knowledge and control. The small credit due the Division is to be seen in the various training programs and the assistance rendered in carrying out the various activities responsible for the decreased mortality. The Division will continue to adapt its work to the changing needs of the people it serves. The emphasis of its educational programs must change with the further enlightenment of the people and with the advances in medical and social sciences. The types of direct service rendered by the Division will change as medical progress renders certain diseases and conditions harmless and at the same time opens avenues of attack on other diseases and conditions heretofore invulnerable.

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The educational services will be directed to the public as well as the various professional people organized to render an acceptable service. Assistance will also be given to the various official and voluntary agencies interested in public health to enable them to have a better educational program. The educational program will be accomplished through various types of publications, lectures, conferences, workshops and formal education.

The direct services of the Division are varied and are directed to improve the health of children to enable them to attain their proper station in the community. During the year the Services for Crippled Children operated 11 orthopedic clinics, there were 154 clinic sessions, to which 1,885 children made 3,567 visits. A 12th clinic was opened during the year. Rheumatic fever clinics were operated weekly in two communities and 344 children made a total of 933 visits to the clinic during the year. A total of 170 children made 271 visits to the plastic clinics held in two communities during the year. A total of 30 children were screened through the Services for Crippled Children previous to hospitalization in the Cerebral Palsy Training Program at the Lakeville State Sanatorium.

During the year 371 children were admitted to hospitals under the Services for Crippled Children Program for orthopedic, plastic and rheumatic fever difficulties, and these children received a total of 22,732 days of hospital care. The Supervisor of Speech Therapy gave service to 292 children who made 706 visits to the speech clinics. Payment was made for hospital care of infants weighing 4 1/2 lbs. or less at birth whose parents were unable to pay and who did not have a settlement in the state. These infants required 1,545 hospital days and the average length of hospital stay was 33 days.

Orthoptic training for children with squint is a new cooperative service instituted during the past year. In cooperation with representatives of 16 Lions Clubs in the Springfield area, an orthoptic clinic, financially supported by the clubs, was organized and provided this much needed service to children in this general area. Considerable interest has been shown in the other communities, and it is hoped that additional orthoptic clinics may be established in centralized areas throughout the state.

Another new undertaking has been the development of pre-school hearing centers so as to enable hard of hearing children to take advantage of available educational facilities when they reach school age. Such a hearing center was established in the Pittsfield area, sponsored by the Catholic College Club of Berkshire County. In this clinic, parents play a key role in the program by carrying on training exercises during the week. Each Saturday morning the children are brought to the center where progress is reviewed and activities outlined for the next phase of training. After a few weeks of preliminary adjustment, each child is launched upon a program consisting of auditory training, rhythm and speech training, as well as lip reading. The objective of this work is to prepare the children for entrance into schools.

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The Division gave direct assistance to 21 communities in their well-child conference programs and assisted 1 community in providing prenatal service to mothers. Many communities receive consultation service for child care and for prenatal service.

DIVISION OF VENEREAL DISEASES

Nicholas J. Flumara, M.D., M.P.H., Director

The objective of the Division is to plan, promote and carry out a good, sound venereal disease program in accordance with established rules and regulations, to the end that venereal diseases may be prevented or if they occur that they may be found and treated. These objectives, prevention and control of venereal diseases, imply the promotion of sound social hygiene in the former and facilities for case finding, case holding and case treatment in the latter. For the 5th year since the close of hostilities, it is noted that there has been a further decrease in the reported incidence and rate of venereal diseases in Massachusetts for the calendar year 1950. During this period gonorrhea comprised 64.2% of the total reported cases and syphilis comprised 35.1% and the minor venereal diseases 0.7%.

Prevention of venereal disease is primarily an educational program and must be based on good, sound social hygiene principles. Education begins in the home and is supplemented by the teachings of the church, schools, physician, communities, youth agencies, law enforcement groups, welfare and social agencies. Least important, probably, in the prevention of venereal disease, is the law enforcement principle, which must be resorted to in certain instances.

The Department operates a venereal disease control program through 24 state cooperating venereal disease clinics, which provide diagnosis and treatment primarily for the medically indigent with venereal disease. These clinics are located in out-patient departments of general hospitals, except 4 boards of health clinics, since no hospital out-patient facilities are available in the area. The Department reimburses these hospitals and clinics for the maintenance and operation of the venereal disease clinics, in accordance with an established plan.

The annual program of the Division is planned by the central office staff together with the personnel of the venereal disease cooperating clinics. This method of planning provides for a unified program and establishes goals for the coming year. The plan usually calls for in-service training of professional personnel through conferences and workshops, and also provides for advanced academic training of staff personnel and also academic training of professional personnel in local public health official and voluntary agencies.

Statistical analysis of venereal disease records is an important function of the Division, and annually considerable information is obtained from these records. A recent analysis indicates that there is inadequate reporting of venereal diseases by practicing physicians. From January through August, 1950

THE UNIVERSITY OF CHICAGO
DEPARTMENT OF CHEMISTRY
CHICAGO, ILLINOIS

RECEIVED

NOVEMBER 10, 1954

TO THE DIRECTOR
OF THE NATIONAL BUREAU OF STANDARDS
WASHINGTON, D. C.

FROM
DR. J. H. GOLDSTEIN
AND
DR. R. L. BARTLETT

RE: *Measurement of the rate of reaction between atomic oxygen and carbon monoxide*

The following report was prepared for the National Bureau of Standards under contract DA-11-020-ORD-1000.

Prepared by
J. H. Goldstein
and
R. L. Bartlett

the Wassermann Laboratory reported 1,004 positive blood tests to private physicians but only 36 reports of syphilis were received by the Division. The Massachusetts Medical Society endorsed a program inaugurated in April 1950 in which all positive blood tests for syphilis discovered at the Wassermann Laboratory but not reported by the physician as an established case of syphilis are followed up to obtain the regular report if the diagnosis is confirmed by the physician. This program will be continued during the next fiscal year.

A 5-year study of congenital syphilis in Massachusetts indicates a low reported rate. This study emphasizes the need, not of new instruments of public health practice, but of doing in a better fashion present-day public health practices, particularly those relating to the need of early and adequate prenatal care. While the 5-year congenital syphilis study was a retrograde analysis, a new study instituted in June 1951 at the Boston City Hospital will measure the number of cases of syphilis found in pregnant women who develop syphilis subsequent to the initial negative prenatal blood test. The result of this study will be reported at a later date.

A standardized premarital examination certificate has been developed, and as a result of conferences and correspondence with the various states, territories and the Canadian Provinces, agreements have been reached for Massachusetts to honor the certificates of 34 out of 39 states having premarital examination laws, 2 out of 5 territories and 1 out of the 4 Canadian Provinces having these statutes. In return, 18 states and the Territory of Alaska have agreed to honor a properly completed Massachusetts certificate. Some states have reported that legislation will be introduced in order that their laws might permit them to accept the certificates of sister states.

In cooperation with the Armed Forces Selective Service Boards, an agreement has been reached for all inductees to have a serological test for syphilis, and those individuals rejected for service and having a positive serology would then be followed by the staff of the Division in the usual manner. These arrangements for both the selectees and the rejectees are working out to the mutual advantage of the Department and the Selective Service.

During the year, a study was completed on the effectiveness of the Police Department in contact investigation. The policy has been to ask the assistance of the police in identifying and locating contacts of venereal disease who could not be found in the routine investigation by Department personnel. The function of the police is only to identify and locate these persons but not apprehend them. This study for the years 1945 to 1949 inclusive indicates that the Boston Police Department has been able to find and identify 19.7% of the persons referred to them. The finding of such a large number of heretofore undiscoverable contacts makes this procedure worthwhile.

In June 1951, plans were made to stockpile penicillin and other antibiotics to be used in case of a civilian disaster. These plans include a rotation of penicillin so as to be certain

The Commission on the Status of Women
has the honor to acknowledge the receipt of
your letter of the 10th inst. and to inform
you that the same has been forwarded to the
Secretary of the United Nations for his
consideration. The Commission will be
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that it does not become outdated. Preliminary plans call for the utilization of this penicillin on a replacement basis both by the hospitals in the Department of Public Health and in Mental Health. In this way, a rotation of the penicillin will be insured.

DIVISION OF DENTAL HEALTH

William B. Wellock, D.M.D., M.P.H., Director

The Division's activities have been directed in the field of dental care program planning, oral health education, caries control and epidemiology and research. Because of the size of the problem and the nature of the infirmities in question, limitation to a consideration of dental health in youth has been the primary consideration. The Division has cooperated with local school community dental care programs in the development of their resources and techniques. More frequently these programs were confined to the elementary school age child, and dental health education forms an integral part of the program. Most of the communities use the Department's dental-certificate plan to develop the dental resources of their community, and 50% of these programs have recently incorporated caries prevention methods in their routine activities. During the year 29 cities and towns of over 30,000 population reported organized dental programs and provide the services of 115 dentists, 39 dental hygienists and 123 dental assistants. One hundred and seventy-three communities under 30,000 population provide the services of 197 dentists, 35 dental hygienists and 71 dental assistants to their school age population.

Oral health education has been a major activity of the Division, and education has been carried out by contribution to department publications, the actual preparation of special publicity material and the participation of field personnel in oral health education during the daily routine of operation within communities. The educational program has not been limited to any specific age group, but has been directed to the community as a whole.

The demonstration of the use of fluoride salts applied topically as a partial caries prevention agent has been undertaken in the various geographic areas of the state. Where possible, this method is now in use by community programs; and to meet a more timely need, the demonstration unit has been placed within a health union framework.

The observations on the prevalence of tooth decay in Massachusetts school children has continued. Additional information has become available where the initiation of local dental programs was in mind, or the evaluation of already existing programs had been requested.

Approximately 14,000 observations of Massachusetts school-age children have been made by the Division personnel for the 1951 DMF count. Although somewhat higher than reported in

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previous years, the rise is not considered sufficiently large to indicate an increase in caries prevalence. Likewise, the decayed and filled deciduous tooth counts showed no significant change from previous years. Repeated observations indicate the possibility of a significant difference in tooth decay prevalence within the boundaries of the state. Within the high Massachusetts DMF it appears possible to select communities whose children suffer a significantly different degree of tooth decay than children from neighboring communities.

The first attempts at fluoridation of community water supplies as a partial caries control agent have been initiated in community water supplies of the Commonwealth within the year. Utilizing the techniques of recording caries prevalence in field studies, the Division has procured pre-fluoridation data on caries prevalence from all of these communities which will serve as base-line data for evaluation purposes.

The fluoridation studies in certain state schools has been maintained as a research project by the Division. Although it is too early to give an accurate evaluation of these studies, the indications are that dental caries experience among the children in the schools using fluoride bearing water supplies is less than the caries found in the controlled school using non-fluoridized water supplies.

DIVISION OF ALCOHOLISM

John C. Ayres, M.D., M.P.H., Director

In an act passed on August 17, 1950, the General Court authorized the Department to develop a program for alcoholism. The objectives assigned to the Department by this act are (1) the establishment of such clinic and hospital facilities as would be necessary for the proper diagnosis, treatment and rehabilitation of persons addicted to the excessive use of alcoholic beverages (2) a study of problems related to alcoholism and (3) the promotion of a preventive and educational program concerning the problems of alcoholism.

By authority contained in Chapter 800 of the Acts of 1950, the Department established the Division of Alcoholism which began its activities on November 16, 1950. To assist the new division in developing its program, a general advisory and a technical advisory committee were appointed to aid in reaching decisions as to the adoption and administration of clinical policies, standards, research and the like.

An important function of the division is an adequate preventive program. Prevention calls for an intensive public education activity directed at improving the emotional adjustments of children and adults. Not only medical and public health facilities, but also the forces of family guidance agencies, the

churches and the schools must be brought into play. Another constructive educational measure is aimed at informing people concerning the true nature of the illness called alcoholism. People must learn to recognize it in its earliest symptoms. They must be encouraged to seek assistance the instant something wrong is suspected, without fear of being stigmatized. The hopeless attitudes of the past can and should be replaced with understanding and confidence.

The diagnosis, treatment and rehabilitation facilities are located primarily in out-patient clinics of general hospitals. In-patient service is available and used when indicated for the examination and physical appraisal of the individuals presenting themselves to the clinic for treatment. The aim of the out-patient clinic treatment is to help the individual to adjust his life, without alcohol, to the community and environment wherein he lives or expects to live. Merely to keep an alcoholic sober in the artificial environment of an institution or in the complete dependence of a therapist is expensive, ineffective and bound to lead to failure. The ambulatory clinics are less expensive to operate than institutions providing long-term in-patient care such as that required by advanced patients for whom the prognosis is poor. In the long run, a given amount of funds, when applied to ambulatory clinics, would provide more service to more patients with a better chance of recovery than if devoted to an in-patient long-term program.

The goal of the clinic and hospital facilities is the improvement of the patient so that he can become physically and psychologically integrated, economically self-supporting, increasingly independent and not using alcohol. Care and treatment of the patient on both in and out-patient status consists of a coordinated approach by the clinic and all departments of the hospital.

Any person who through the excessive use of alcoholic beverages has become unable to care for himself, his family or his property, or has become a burden on the public, may voluntarily request admission. Patients may also be referred by physicians, courts, social agencies, families and friends. Because of various limitations, only those patients who indicate a good potentiality for recovery are retained for extended care. The clinic program includes medical and psychological diagnosis and therapy with social service case work directed at family, vocational and general environmental problems. Organic complications are treated by the respective clinics or physicians in the hospitals concerned with such ailments or the patient may be referred to his own physician for treatment. Patients attending the clinics are required to pay the usual out-patient fees as set by the hospitals and approved by the Department, or to pay any portion thereof which they are able. These fees are for services ordinarily rendered at the clinics and do not include special medical or laboratory fees or medications. Clinic fees are not stressed to the point of embarrassment to the patient, and if a patient is unable to pay, the Department contribution to these clinics is considered as payment for services rendered to persons unable, in whole or in part, to support or care for themselves.

When the Department began its program on November 16, 1950, clinics were operated at the Peter Bent Brigham Hospital, Boston and the Quincy City Hospital, Quincy; and on December 1, 1950, a third clinic was established at the Carney Hospital, Boston. From November 16, 1950 to the end of the fiscal year, 409 new applications for admission were received and only 297 new cases were admitted. There were 57 previously discharged cases re-admitted. A total of 2,306 visits were made at the clinics by patients, for one reason or another. As of the last day of the fiscal year, 258 cases were being carried on active treatment.

During this period, there were 210 discharges. Of this number 41 were cases which were screened and found to be non-acceptable for extended therapy and two cases were referred to other facilities for more pressing conditions arising during the course of treatment. Therefore, only 167 cases had been carried on extended therapy in the clinics. Of this number, 58, or 34.7% were discharged as recovered or arrested cases. The remaining 109, or 65.3% were discharged because they did not cooperate or failed to return for treatment.

BUREAU OF ENVIRONMENTAL SANITATION

DIVISION OF SANITARY ENGINEERING

Clarence I. Sterling, Jr., Director and Chief Sanitary Engineer

The activities of the Division of Sanitary Engineering are becoming more diversified each year because of the public demand for better environmental sanitation. As it is impossible for this Division to handle administratively all of the problems in the field of sanitation within the local community, greater emphasis has been placed upon the development of improved sanitation service at the municipal level.

The Division also has devoted considerable of its efforts to problems of environmental sanitation including radioactive monitoring in the Civil Defense Program. One engineer and a clerk are devoting full time to this work and two engineers are devoting approximately half of their time. Many of the technical personnel of the Division have received specialized training for Civil Defense purposes.

Legislation was filed this year for the reconstruction of the Lawrence Experiment Station. The present Experiment Station buildings are in a dilapidated condition and have inadequate facilities for carrying on the routine bacteriological work of the Division and the extensive research programs needed. Money was made available by the Public Building Commission for preliminary engineering plans, and recommendations have been made to the Legislature for an appropriation to rebuild the Experiment Station on a new site in Lawrence.

Fluoridation was initiated in several of the municipal water supply systems and a great deal of the time of the engineers has been devoted to working out problems in the use of fluoridation of public water supplies and in the attendance at local conferences on this subject.

The work in regard to stream pollution control has been progressing satisfactorily although at a slower tempo than the previous year due to the present national emergency. In addition, there has been considerable discussion in the Legislature relative to the revision of the present stream pollution control law which further caused delay in enforcement of the existing law. The policy of the Division has been to avoid legal action insofar as practicable to effect improvements in sanitation so greater emphasis has been placed upon programs for the education of the general public and industry for pollution control. The Division of Sanitary Engineering has added an experienced Health Educator to its staff. In

REPORT OF THE COMMISSIONER OF THE GENERAL LAND OFFICE

FOR THE YEAR 1900

Presented to the House of Commons by Command of Her Majesty

The Commission of the General Land Office has the honor to acknowledge the receipt of the Report of the Secretary of the Interior, dated at Washington, D.C., 10th March 1900, in relation to the land of the United States, and to inform the House of Commons that the same has been received and is being considered.

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addition, a Water Pollution Advisory Committee was appointed to assist in the formulation of policy in regard to water pollution control and thus enable the various interests concerned in stream pollution control to be represented in the formation of policy.

In order to carry out the activities of the Division with greater efficiency and less expense, sanitary engineers have been assigned permanently to the district health offices of the Department in Wakefield, New Bedford and Quincy. This completes the assignment of sanitary engineers to the district health offices of the Department.

DIVISION OF FOOD AND DRUGS

George A. Michael, Assistant Director

The Division, during the past year, has enforced the sections of the law concerned with foods, drugs, milk, bedding and upholstery, methyl alcohol, insecticides and economic poisons, cold storage and slaughtering. A total of 653 licenses and permits have been issued by the Division.

In 1948, the passage of the adulterated and misbranding law gave the Department authority to embargo foods and drugs suspected of either being adulterated or misbranded. Based on this law, a program was launched in 1950 to hold or embargo foods or drugs suspected of being damaged by fire. During the past year, 33,232 lbs. of food and 26,008 lbs. of drugs damaged by fire were destroyed under the supervision of a Division inspector.

The law provides that no person shall sell or offer for sale at retail or dispense or give away any harmful drug to any person other than a physician, dentist or veterinarian, except on the written prescription of a physician, dentist or veterinarian. During the year, in cooperation with the Division of Hospitals, it has been found that hypnotic and narcotic drugs were being dispensed by practical nurses in certain convalescent homes without a doctor's prescription. The stock of such drugs which were being dispensed were accumulated from prescriptions which had been issued to patients and the total amount of drugs not being used. This matter is being corrected and the supervisors of such establishments have been instructed as to the provisions of the law.

During 1948-49, new insecticides consisting of certain organic phosphate compounds were introduced into the agricultural phase of food production. These products containing highly toxic materials caused much apprehension, because of the possibility that residue might adhere to the food or the toxic compounds might be absorbed through the soil. So far, no complaints of illness have been received during the past year from use of these products.

There were 1,028 pasteurization plant inspections made in 560 pasteurization plants in the 10 eastern counties by inspectors working out of the Boston office. During this time, 43 plants discontinued operations and 7 new plants were opened for operation.

The sanitary conditions in the various milk plants have shown a marked improvement during the last year. There were 1,060 milk plant operators examined and approved by the Department during the year. In general, milk plants continue to show improvement in equipment and sanitation as well as in operational procedures.

During 1950, concentrated milk appeared on the Massachusetts market. Since this product could not be sold as milk under the existing Massachusetts law, it was necessary to introduce new legislation for the control of this product and qualify for authority for the Department to promulgate necessary regulations governing the sale of this product.

Another important activity of the Division has been the inspection of shellfish establishments throughout the Commonwealth and the sanitary inspection of shellfish plants for the Division of Marine Fisheries of the Massachusetts Department of Conservation. In general, there has been improvement in the sanitary conditions and in the handling of shellfish. During the year the Division has done considerable research work to ascertain exactly the effect of immersing clams in fresh water and in a 2.5% solution of sodium chloride. The results of these experiments are not available at this time and will be reported later.

During the year, there was a decrease in the number of food animals slaughtered throughout the state. High prices for meats and also government quotas and controls have been the principal factors operating against local profiteers who claim the profit in butchering is found wanting under the present conditions. Several poultry slaughtering plants have made radical structural changes in their production lines and installed new equipment, which provides for better sanitary practices.

Several new cold storage plants have been constructed during the past year and the local plants have been well stocked with various foods, depending upon the indications of rationing. There has been an increase in the storage of frozen foods and there are indications of an increase in the use of frozen foods in the individual homes.

The bedding and upholstery inspection services designed to supervise the manufacture and sale of bedding and upholstering material throughout the Commonwealth has been exceedingly active. The biggest problem confronted in this work is the inspection of shipments of bedding and upholstery materials from without the Commonwealth to local stores. When these products fail to meet specifications, the state cannot hold the out-of-state manufacturer responsible, and it is the retailer that must assume this responsibility. There is need for a licensing provision for the control of out-of-state manufactured bedding and upholstery material.

The routine work of the Division laboratories in the analysis of foods and drugs submitted by the inspectors of the Division has increased, but there has been no substantial increase in the laboratory findings to show that products examined do not meet the specifications. The milk samples obtained in the original bottles

are usually examined both chemically and bacteriologically, and the samples of other kinds of foods and samples of drugs were routinely examined chemically or microscopically unless bacteriological examination was indicated.

DIVISION OF OCCUPATIONAL HYGIENE
(Department of Labor and Industries)

John B. Skinner, Director

The most recent annual report from the Division is for the fiscal year 1949.

The Division of Occupational Hygiene investigates reports of occupational disease made by physicians; makes surveys and environmental studies of working conditions in industry, including determinations of gases, vapors, mists, dusts, fumes, air movement, temperature, humidity, illumination, radiation, etc., or any other conditions or processes potentially affecting the health of workers; renders its reports of findings to industry and recommends to industry means of control of hazards found in surveys and studies, and follows up these matters to ensure compliance; provides medical, engineering, chemical and nursing consultative services to physicians, nurses, industry, labor, ventilating concerns and others interested in the causes, treatment or control of occupational diseases; maintains a laboratory for the analysis of atmospheric and urinary samples collected in field studies, for materials used in industry and for the development of methods employed in analysis; examines critically plans of proposed installations of exhaust systems for the control of industrial atmospheric contaminants; formulates and assists in the development of industrial medical and nursing services; and gives talks to various groups and prepares papers on industrial hygiene for publication.

Either on its own initiative or upon a request, the Division may make surveys of an industry or environmental studies therein. The term survey indicates a complete check of all processes and materials used in a plant, whereas a study is a detailed appraisal of a particular hazard, usually involving the use of specialized instruments.

Of 677 services initiated during this period, only 222 were self-initiated, the remainder being requests from management, labor, the Division of Industrial Safety, physicians, and other sources. Eleven hundred eighty-one plant visits were made to 513 different plants employing 283,245 workers. In 87 of these plants, surveys of the working environment were carried out. In 266, technical studies of potential health hazards were made. In eight plants assistance was given in occupational-disease diagnosis. Twenty-seven plants were given consultative service regarding problems of the working environment; 21 plants were given consultative service regarding their medical programs; 100 plants were given consultative service concerning their nursing activities; and 25 plants were given other consultative services. One hundred ninety-five

visits were made to 140 plants to follow up recommendations previously submitted.

Three hundred thirteen improvements were recommended in 157 plants affecting the working environment of 2300 workers, while 240 improvements were recommended in 100 plants affecting the health and welfare services provided for 75,000 workers. During the same period, 119 improvements were carried out in 85 plants affecting the working environment of 1619 workers, while 51 improvements were carried out in 33 plants, affecting the health and welfare services provided 16,000 employees.

The laboratory conducted 1581 analyses and examinations of some 717 samples collected. Six hundred forty-nine field determinations were made for atmospheric contaminants, while 723 measurements of physical conditions were made. Eleven workers were examined by the physicians. The engineers examined plans for control equipment submitted by 28 plants.

The policy, inaugurated in 1946, of transmitting reports of plant visits to the Division of Industrial Safety was continued. This enables each inspector to be completely familiar with the extent of health hazards in his district, and with progress concerning control of these health conditions. This policy has acted to weld the two Divisions into a well-functioning team, and has aided considerably in controlling health hazards in Massachusetts industries. The director of the Division of Occupational Hygiene and the Supervising Inspector of the Division of Industrial Safety continued their study of industrial lighting inaugurated in 1945, for the purpose of improving the Department's Rules and Regulations for Industrial Lighting.

These were made in 1863 in the office of the Secretary of the Treasury.

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RECOMMENDATIONS

GENERAL

During the past years the Department of Public Health has made recommendations in its annual reports relative to the development of new programs and the improvement of existing programs. At the present time the State is anticipating a report of the "Special Commission on the Structure of the State Government" which will include reorganization of the various departments of the State, including the Department of Public Health. For this reason, it seems inopportune to make recommendations relative to the reorganization of the Department of Public Health. Therefore, our previous recommendations relative to the housing of the Department in a single unit, the development of a more adequate program for the recruitment of professional personnel, the improvement in salary structure, and the integration of health services to the people of the Commonwealth are not being repeated in this report, although they are just as important as in the past.

Our recommendations for the coming year are as follows:

ECONOMY AND EFFICIENCY OF SERVICES

From time to time it is important to evaluate carefully existing programs. Before any new programs are initiated, old programs should be consolidated and run with a high degree of efficiency and with as much economy as the services rendered will permit. It is, therefore, the intent of the Department to carefully review its programs so as to be as efficiently and economically as possible. This becomes more important as national and state legislatures become more economy-minded. The consolidation of existing programs can be made more realistic if the units of the Department are consolidated in a single building and the laboratories are developed as a central unit at the Forest Hills site. It is, therefore, recommended that each bureau chief together with the division directors and section chiefs carefully review his programs to determine the efficiency with which their bureaus are operating and to what extent the new responsibilities of civil defense may be so integrated as to supplement the services for which they are already responsible.

HEART DISEASES

Diseases of the heart, blood vessels and the neurocirculatory system are the leading causes of death. In Massachusetts these diseases are particularly important because of our older population, and nearly one-half of all deaths are from these diseases. It is essential therefore that the State carefully review the services now possible for persons with either heart disease, hypertension, diseases of the blood vessels, kidneys or other neurocirculatory illnesses, and determine how these might be utilized to a greater extent in an attempt to minimize the ravages of these diseases and to prolong the lives of those who

are afflicted by them. It is important to find those persons who are particularly prone to develop such illnesses and to direct them to physicians in order to give these persons the best chance to continue as happy individuals and wage earners. Such early referral to doctors will reduce complications from these diseases and make their progress slower. While it is not expected that heart disease and the allied neurocirculatory diseases will become less numerous as causes of death, it can be expected that the life expectancy of those suffering from these illnesses can be increased without making these individuals a financial burden of the community. It is recommended, therefore, that the Heart Control Program of the Department be extended insofar as finances and resources make it possible. To this end the Department has requested an appropriation from the state legislature for its heart program.

CANCER

The second leading cause of death is cancer. As with heart disease, cancer tends to increase with age, and therefore as our Massachusetts population grows older cancer can be expected to become more frequent as a cause of death. Nevertheless many patients may be cured because of early detection, and proper treatment, while in others the progress of the disease may be delayed and life prolonged. It is recommended, therefore, that the cancer program be improved in all its aspects, but particularly in the early detection of the disease.

CHRONIC ILLNESSES

The chronic diseases, which include heart diseases, diseases of the blood vessels, neurocirculatory diseases, cancer, arthritis, diabetes, and others, are responsible for about 4/5 of all deaths. The economic loss in earning power and the actual expenditure for the care of the patients, amounts to many millions of dollars. It is to the benefit of the Commonwealth, therefore, to initiate programs designed toward the control of chronic illness. Early detection and referral for proper medical and hospital care is required if the incidence of chronic diseases is to be kept at a minimum and if patients are to obtain the maximum benefits of medical and hospital care. Health protection clinics are designed to bring into the doctors' offices those individuals who believe themselves to be apparently well but are found, by the use of screening techniques, to have some sign or symptom indicating the presence of a condition which should be diagnosed. It is recommended therefore, that a mass detection program be developed and that the Department continue to evaluate various screening techniques. In addition the Department should develop, in cooperation with hospitals and health departments, various programs designed to inform both physicians and the public of the desirability of utilizing multiple screening techniques in order to afford the physician the best opportunity to be of maximum service to his patients. The Department has requested in its budget an appropriation for the continuation of the evaluation of mass screening procedures in health protection clinics.

ACCIDENTS

Since accidents in the home take more than 27,000 lives a year in the United States and cause more than 4,100,000 injuries and since 110,000 persons are permanently disabled, it is our belief that no health program is complete unless it encompasses a program designed for home accident prevention. Recently the city of Cambridge obtained a special grant from the Kellogg Foundation for setting up a demonstration home accident program in that municipality. The State Department of Public Health over a period of years has been attempting, without any budget, to develop with the assistance of many advisers a program for the prevention of home accidents and of accidents of children at play. It is recommended that the State seek the necessary financial backing to develop a home accident program and that such a program be integrated with the accident programs of other units of state and local government and with voluntary agencies.

CIVIL DEFENSE

Day by day it becomes more apparent that continental United States may be the target of enemy military action. The care of the health of the civilian population, including the handling of living and dead casualties, has been made the responsibility of the Medical and Health Division of the State Civil Defense Agency. The Commissioner of Public Health has been appointed as the head of this Division. At this time it is proper to pay a tribute to the many volunteers who have devoted so much time and energy in the development of this program. Special commendations are made to Dr. Nathaniel W. Faxon, Dr. Charles G. Hayden, Dr. Lamar Scutter, Dr. Brooks Ryder, Mr. L. C. Adams and the many other volunteers too numerous to mention. The personnel of the Department have been playing a vital role in the development of this program.

The progress in the development of this program has, however, been seriously curtailed by the lack of understanding on the part of many persons of the importance of advanced planning in order to safeguard the health of the people. A limited blood typing program for the establishment of a list of blood donors is essential if casualties are to receive blood transfusions and be afforded the chance of survival. The stockpiling of first aid and hospital supplies is essential, but even more important is the immediate availability of sufficient supplies and equipment for training purposes. Additional personnel is required to guide the development of the medical and health civil defense program, in order to train professional and volunteer helpers in the many duties and responsibilities which will be theirs in case of a disaster. Unless such training is extensive both in professional and organizational techniques and procedures to the extent that organized units are able to carry out drills under simulated attack conditions, we will not be ready to meet a disaster. It is recommended that funds and personnel be made available to initiate as promptly as possible the following programs:

1. The purchase of sufficient supplies and equipment for training.
2. The purchase of sufficient supplies and equipment to handle casualties living and dead for the first few hours after a catastrophe. Such supplies should be of course supplemented by federal reserves which should be made available in less than 2 hours.
3. The development of a limited blood typing program for the identification of potential donors.
4. The improvement of the laboratory facilities at the Institute of Laboratories for the manufacture of biological products used in the prevention and control of epidemic diseases and of blood and blood fractions for use in normal times as well as for stockpiling in anticipation of disaster.

WATER POLLUTION

As the population increases and industry expands, Massachusetts becomes more concerned with stream pollution. The abatement of pollution, however, is not only a matter of expenditure of funds in the installation of proper industrial and domestic sewage treatment plants but is dependent on the proper evaluation of various streams and tidal flats as to the reasonableness of such demands in industry and upon the development of more efficient and economical methods of treatment of industrial and domestic wastes.

It is therefore recommended that the Department be enabled to carry on this important work by the addition of engineers and other personnel to its staff so that:

1. There be a proper evaluation of streams.
2. A proper evaluation of methods of treatment of sewage.
3. Periodic inspection of sewageage treatment works.
4. Research on the treatment of industrial wastes.
5. The development of educational and informative material for the public, municipality and the industry.

CHILDREN

The future of a nation depends upon its people and particularly its children. For many years the Department has been expending a major portion of its energy to safeguard the health of children in this Commonwealth.

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Legislation enacted in 1943 made special provisions for the hospital care of premature infants. This legislation has made it possible to assure that such care is readily available to all premature infants whose parents cannot afford this care.

In addition, the General Court has seen fit to increase the appropriation for the care of crippled children. In 1948, a new law made it possible to provide hospitalization for crippled children, including those who have cerebral palsy, in the Lakeville State Sanatorium. The program designed for the care of spastics at Lakeville State Sanatorium is a new one and will in time demonstrate the need for additional assistance to those spastic children who through proper housing and education at Lakeville State Sanatorium and other similar institutions are rehabilitated into self-respecting, self-sustaining citizens.

Similarly there are many who because of epilepsy are not afforded the same opportunity of attaining normal adult life. It is estimated that there may be as many as two million epileptics in the United States. By proper evaluation of such patients it would be possible to institute proper therapeutic measures which would prevent or greatly reduce the attacks such patients may suffer. Such a program would make it possible for epileptic children to obtain a proper education and to choose careers and professions which would not otherwise be available to them. In fact in many instances they would become civic leaders and attain recognition in their chosen walk of life.

Through a grant made by the Children's Bureau of the Federal Security Agency to the Department of Public Health a beginning is being made to determine the extent of the problem of epilepsy in the Commonwealth and to train general practitioners and specialists in the diagnostic treatment and rehabilitation and care of patients with epilepsy.

It is recommended that the Maternal and Child Health Program of the Commonwealth be carefully reviewed to determine if all children are receiving an opportunity to attain adulthood without major physical or mental handicaps which are preventable and that as any area of need becomes apparent the State either through the Health Department or other most competent agency be encouraged to develop an appropriate program to meet each demonstrated need of these unfortunate children.

The following pages are part of the original manuscript of the "History of the United States" by George Catlin, and are intended to be published in a separate volume.

The first of these pages is a list of the names of the various tribes and nations of the United States, as given by the author. The second page is a list of the names of the various tribes and nations of the United States, as given by the author.

The third page is a list of the names of the various tribes and nations of the United States, as given by the author. The fourth page is a list of the names of the various tribes and nations of the United States, as given by the author.

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The seventh page is a list of the names of the various tribes and nations of the United States, as given by the author. The eighth page is a list of the names of the various tribes and nations of the United States, as given by the author.

51
Respectfully submitted,

Vlado A. Getting, M.D.
Commissioner of Public Health

Paul F. Flaherty

William H. Griffin, D.M.D.

Paul J. Jakmauh, M.D.

Francis H. Lally, M.D.

Raymond L. Mutter

Charles F. Wilinsky, M.D.

Public Health Council

PROCEEDINGS OF THE

ANNUAL MEETING OF THE
SOCIETY OF AMERICAN HISTORIANS

HELD AT THE UNIVERSITY OF CHICAGO

DECEMBER 29-31, 1906

AT THE UNIVERSITY OF CHICAGO

CHICAGO, ILL.

1907

PRINTED BY THE UNIVERSITY OF CHICAGO PRESS

CHICAGO, ILL.

THIRTY-EIGHTH ANNUAL REPORT

of the

Mass. DEPARTMENT OF PUBLIC HEALTH

July 1, 1951 to June 30, 1952

filed with

THE SECRETARY OF THE COMMONWEALTH

12-0-34

MASS OFFICIALS

STATE OF MASSACHUSETTS

OFFICE OF THE ATTORNEY GENERAL

COMMONWEALTH OF MASSACHUSETTS

OFFICE OF THE ATTORNEY GENERAL

STATE OF MASSACHUSETTS

COMMONWEALTH OF MASSACHUSETTS

OFFICE OF THE ATTORNEY GENERAL

STATE OF MASSACHUSETTS

COMMONWEALTH OF MASSACHUSETTS

OFFICE OF THE ATTORNEY GENERAL

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1951-52

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
Fiscal Year Ending June 30, 1952

* * * * *

Commissioner of Public Health Vlado A. Getting, M.D., Dr.P.H.

PUBLIC HEALTH COUNCIL

Vlado A. Getting, M.D., Dr.P.H., Chairman
Paul F. Flaherty, 1950-56 Francis H. Lally, M.D., 1924-54
William H. Griffin, D.M.D., 1945-57 Raymond L. Mutter, 1947-53
Paul J. Jakmauh, M.D., 1949-55 Charles F. Wilinsky, M.D., 1946-58
Florence L. Wall, Secretary to the Council

BUREAU OF ADMINISTRATION

Division of Administration	Loren D. Moore, M.D., M.P.H., First Assistant to Commissioner
Section of Fiscal Management	Section Chief, Harry W. Attwood
Section of Nursing	Section Chief, Ethel G. Brooks, R.N., B.S.
Section of Nutrition	Section Chief, Dorothea Nicoll, M.S.
Section of Personnel	Section Chief, Mary Carr Baker, B.A., M.P.H.
Section of Social Service	Section Chief, Helen J. Almy, A.B.**
Division of Health Information	Director, Louis Cohen, M.D., M.P.H.
Division of Training	Director, Leon A. Bradley, Ph.D.

BUREAU OF INSTITUTIONS

Division of Tuberculosis & Sanatoria	Alton S. Pope, M.D., Dr.P.H., Deputy Commissioner and Director
Division of Cancer & Other Chronic Diseases	Director, Herbert L. Lombard, M.D., M.P.H.
Division of Hospitals	Director, A. Daniel Rubenstein, M.D., M.P.H.
Institute of Laboratories	Superintendent, Johannes Ipsen, M.D., M.P.H.
Biologic Laboratory Section	Director, James A. McComb, D.V.M.
Diagnostic Laboratory Section	Director, Robert A. MacCreedy, M.D.
Wassermann Laboratory Section	Director, William A. Hinton, M.D.

* Resigned July 25, 1952, Replaced by Robert H. Hamlin, M.D., M.P.H.

** Retired August 31, 1952, Replaced by Catherine Casey, M.M.S.

BUREAU OF PREVENTIVE MEDICINE

Division of Local Health Administration	Robert E. Archibald, M.D., M.P.H. Deputy Commissioner & Director
Division of Alcoholism	Director, John C. Ayres, M.D., M.P.H.
Division of Communicable Diseases	Director, Roy F. Feenster, M.D., Dr.P.H.
Division of Dental Health	Director, William D. Wellock, D.M.D., M.P.H.
Division of Maternal & Child Health	Director, R. Gerald Rice, M.D., M.P.H.
Crippled Children Services	Supervisor, Janice Rafuse, M.D., M.P.H.
Division of Venereal Diseases	Director, Nicholas J. Fiumara, M.D., M.P.H.

BUREAU OF ENVIRONMENTAL SANITATION

Division of Sanitary Engineering	Clarence I. Sterling, Jr., C.E., Deputy Commissioner & Director
Division of Food and Drugs	Assistant Director, George A. Michael

STATE DISTRICT HEALTH OFFICERS

Southeastern District	Harold W. Stevens, M.D.
South Metropolitan District	Grace E. Latman, M.D., Dr.P.H.
North Metropolitan District	Robert E. S. Kelley, M.D.
Northeastern District	Walter E. Pennell, M.D., M.P.H.
South Central District	Kenneth I. E. Macleod, M.D., M.P.H.
North Central District	Arthur E. Burke, M.D., M.P.H.
Connecticut Valley District	Walter W. Lee, M.D., M.P.H.

INSTITUTIONS AND SUPERINTENDENTS

Lakeville State Sanatorium	Harry A. Clark, M.D.
North Reading State Sanatorium	Claire W. Twinam, M.D.*
Rutland State Sanatorium	Paul Dufault, M.D.
Westfield State Sanatorium	Wilson W. Knowlton, M.D., M.P.H.
Pondville Hospital	George L. Parker, M.D.
Lemuel Shattuck Hospital	William H. H. Turville, M.D.

* On military leave from 12/9/50 to 1/6/52 during which time
Dr. Roland R. Cartier was acting superintendent

STATE OF NEW YORK

IN SENATE,
January 1, 1901.
REPORT
OF THE
COMMISSIONERS OF THE LAND OFFICE,
IN RESPONSE TO A RESOLUTION
PASSED BY THE SENATE
MAY 1, 1899.

ALBANY: J. B. LIPPINCOTT & CO., PRINTERS.

1901.

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1901.

1901.

PUBLIC HEALTH COUNCIL

Vlado A. Getting, M.D., Dr.P.H., Chairman

GENERAL INFORMATION

Meetings

Regular monthly meetings were held in accordance with General Laws, Chapter 17, Section 3. In addition, in order to visit public health facilities over the State, several special meetings were held. In July, 1951, the Council met at Lakeville State Sanatorium, at the Department's district office in New Bedford, and at the Woods Hole Oceanographic Institute where members of the scientific staff explained their various studies on shellfish, oysters and other forms of marine life. On Martha's Vineyard certain beaches, samples of shellfish and sources of water supply were inspected, and an investigation was made of tidal conditions between Edgartown and Oak Bluffs.

To obtain first-hand knowledge of the results in the use of new drug therapy with streptomycin, para-amino-salicylic acid and isonicotinic acid hydrazid, the Council on April 8, 1952, visited the Rutland State Sanatorium. At this institution the power plant, laundry, kitchens, operating and x-ray rooms and equipment, and certain wards were inspected. On this same date the Council visited the South Central District Office of the Department at Worcester where the District Health Officer discussed the responsibilities of the office and the duties of the district personnel.

In June, 1952, the Council met at Amherst to participate in the Sixth Annual Massachusetts Public Health Conference at the University of Massachusetts. While in the Western section of the Commonwealth, a meeting was held at Westfield State Sanatorium at which time the institution was inspected. At Holyoke the Council inspected the new Soldier's Home.

The Committee on Environmental Sanitation, composed of Dr. Jaknauh as Chairman, Mr. Mutter, and the Commissioner, has met regularly, usually immediately preceding the regular monthly Council meeting, and has presented its recommendations to the full meeting of the Council.

General Duties

Under authority of General Laws, Chapter 111, Section 3, and other statutes, the Council has carried out its regular duties, including: licensing of hospitals, convalescent and nursing homes and boarding homes for the aged, dispensaries, and dental clinics; certification of laboratories which meet the Department's standards; approval of appointments of professional personnel in the Department and at State and county sanatoria, and the sanction of contracts for the care of tuberculosis patients at these sanatoria; approval of revised regulations of the Board of Registration of Hairdressers; advice to communities and official agencies on sanitary problems of water supply, sewage disposal, nuisances, and prevention of pollution of inland and tidal waters; accrediting of out-of-state shellfish dealers who have been approved by their respective state shellfish authorities and certified by the Public Health Service; and approval of contracts for the production and sale of certified milk.

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1. The first of these is the fact that the Commission has not yet received any information from the Government of the United States regarding the activities of the Committee for the Liberation of the People of the East (CLPE) in the United States. The Commission is therefore unable to determine whether the CLPE is a legitimate organization or a subversive one.

The above information was obtained from a review of the records of the Department of the Interior, Bureau of Land Management, and the Bureau of Reclamation, and is being furnished to you for your information.

1. The above information was obtained from the files of the FBI, New York Office, and is being furnished to you for your information.

no document can be introduced, admitted, received or admitted into evidence in any court, and no document can be introduced, admitted, received or admitted into evidence in any court, and no document can be introduced, admitted, received or admitted into evidence in any court.

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Special Activities

Early in the calendar year 1952, the Council became concerned with the safety of patients, the prevention of fire hazards, and the failure to meet the Department standards in hospitals, nursing homes, and boarding homes. The Director of Hospitals was instructed to survey carefully the situation. As a result of this survey and in an attempt to have all hospitals and homes meet the Department's standards, several hospitals were given written notice of their violations and urged to correct them at once; and several were licensed but notified that they would be reviewed in six months regarding definite progress toward complete compliance with the Hospital Standards.

Under authority of General Laws, Chapter 111, Section 92, on November 13, 1951, the Council granted the request of the Commissioner of Public Health of Lynn for the discontinuance of the Lynn Isolation Hospital and approved agreements between the City of Lynn and the City of Salem and between the City of Lynn and the Massachusetts Memorial Hospital for the care of cases of communicable disease from Lynn.

Acting upon information presented by the Commissioner relative to the expansion of the Department's health education and health information activities, the Council on December 9, 1951, approved the creation of a Division of Health Information within the Department. At the same time, after consideration of the results of a survey of the Department's publications and bulletins, the Council adopted the following policy: that the numerous Departmental publications be consolidated into three bulletins: one entitled "Sanitalk" devoted to environmental sanitation, one weekly newsletter of general interest called "The Public Health Bulletin Board", and one monthly bulletin for public health personnel entitled the "Commonhealth".

Chapter 741 of the Acts of 1951 provides for the granting of Federal funds by the Department of Public Welfare to public medical institutions and authorizes the Department of Public Health to establish standards for such institutions. Under this authority, the Council on May 13, 1952, approved the application of existing rules and regulations relative to the licensing of convalescent and nursing homes and boarding homes for the aged, with minor modification, to public medical institutions not licensed as hospitals and homes.

Minimum Health Services were tentatively approved on January 8, 1952, after a public hearing, to serve as a guide to communities with a population of less than 35,000 desiring to be exempted from inclusion in a union health district as authorized by Chapter 662 of the Acts of 1949.

Under authority of Chapter 769 of the Acts of 1950, standards for a Rehabilitation Clinic for Alcoholism at the State Farm, Bridgewater, were established. These standards are to be applicable also, in principle, to other clinics for alcoholism that may be established.

Hearings on Regulations

Because of recently enacted laws or changing environmental conditions, it has been found desirable to revise certain of the Department's rules and regulations. In accordance with this, public hearings were held under the provisions of Chapter 576 of the Acts of 1951 on the following matters prior to their adoption by the Department and filing with the Secretary of the Commonwealth:

1. On October 9, 1951, the rules and regulations relative to cross connections between public water supplies and fire and industrial water supplies were revised and regulations which had been in effect since 1949 were rescinded.
2. On March 11, 1952, the regulations which had been promulgated in 1948 relative to the use of blood or other tissue for purposes of transfusion were rescinded, and revised regulations adopted to apply to the newer blood products and blood banks.
3. Minimum Health Services were approved to serve as a guide to determine the eligibility of municipalities of less than 35,000 population desiring exemption from inclusion in a union health department as provided in Chapter 662 of the Acts of 1949.
4. On March 11, 1952, regulations for the medical examination of school children, promulgated under authority of Chapter 503 of the Acts of 1951, were adopted. Several conferences were held to acquaint persons and organizations interested in school health with these proposed regulations.

Other Hearings

The Council also held public hearings relative to two convalescent homes whose licenses to operate were not renewed because of their failure to meet the Department's standards. Hearings on applications of local municipalities relative to land takings for the protection of public water supplies and for the location of sewage treatment works, and relative to a nuisance caused by a town dump were conducted for the Council by the Director of the Division of Sanitary Engineering under authority of Chapter 152 of the Acts of 1946. These latter hearings were then considered at subsequent meetings of the Council.

Hospital Survey and Construction

During the fiscal year, several projects were ratified by the Public Health Council after preliminary approval of the State Advisory Council for the Administration of the Hospital Survey and Construction Act. Financial aid for construction or equipment was allotted to the following hospitals:

1. Union Hospital, Lynn, for a new general hospital building to replace the existing one.
2. Union Hospital, Framingham, for a three-story addition.
3. Holden District Hospital, for alterations and additions to the present hospital.
4. Carney Hospital, Boston, for a new facility in a new location.
5. Brookline Health Center, for construction of a three-story brick building.
6. Springfield Municipal Hospital, for a chronic disease hospital.
7. Wesson Maternity Hospital, Springfield, for a new four-story hospital in a new location.

1. The first of the two main sections of the report is devoted to a description of the work done during the year.

2. The second section is devoted to a description of the work done during the year.

3. The third section is devoted to a description of the work done during the year.

4. The fourth section is devoted to a description of the work done during the year.

CONCLUSION

The work done during the year has been of a very satisfactory nature. The results obtained are of a high order of accuracy and are in good agreement with the theoretical predictions. The work done during the year has been of a very satisfactory nature. The results obtained are of a high order of accuracy and are in good agreement with the theoretical predictions.

REFERENCES

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2. The second section is devoted to a description of the work done during the year.

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5. The fifth section is devoted to a description of the work done during the year.

6. The sixth section is devoted to a description of the work done during the year.

7. The seventh section is devoted to a description of the work done during the year.

8. The eighth section is devoted to a description of the work done during the year.

- 4.
8. Malden Hospital, for an addition to the general hospital to provide for chronic patients.
 9. Norwood Hospital, for an addition to the present hospital.
 10. Holyoke Memorial Hospital, for a new chronic disease unit.
 11. Boston City Hospital, for alterations and additions to the existing pediatric building.
 12. Groton Community Hospital, for a new forty-one bed hospital.
 13. Leonard Morse Hospital, Natick, for an expanded construction program.
 14. Henry Heywood Memorial Hospital, Gardner, for additions and alterations.

On September 11, 1951, the procedure known as the "split project technique" in the allotment of funds for hospital construction was approved. This enabled the Department to make necessary adjustments in the allocation of funds from the 1952 and 1953 allotments under the Hospital Survey and Construction Act, which, in turn, will permit uninterrupted progress in construction programs with the proviso that the total amount of money allocated to any one project remain within the approved limits.

Personnel

There were no changes in personnel of the Council during the year. His Excellency, Governor Paul A. Dever reappointed Dr. Charles F. Wilinsky on May 1, 1952, for his second term. At the close of the fiscal year 1952, the Public Health Council was constituted as follows:

Vlado A. Getting, M.D., Dr.P.H., Chairman	
Paul F. Flaherty	William H. Griffin, D.M.D.
Paul J. Jakmauh, M.D.	Francis H. Lally, M.D.
Raymond L. Mutter	Charles F. Wilinsky, M.D.

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MILK REGULATION BOARD

The Milk Regulation Board, consisting of the Chairman of the Milk Control Board, the Commissioner of Agriculture, the Attorney General, and the Commissioner of Public Health, met three times during the year.

The Board acted on a petition of the Medical Milk Commission of Boston which requested permission to change its regulations in order to allow certified milk to be produced on one farm and pasteurized on another. The present regulations state that certified milk must be bottled on the farm where it is produced. The Board voted on January 30 to hold a public hearing relative to this request and at a later meeting decided to ask the Governor's Council to waive the necessity for advertising the public hearing in this matter. The permission of the Council was granted and the action on this petition is to be finally determined during the next fiscal year.

RATING BOARD

Under authority contained in Chapter 32, Section 26, of the General Laws, as amended, the Commissioner of Public Health, as Chairman of the Rating Board, presided at hearings and interviewed applicants from the Department of Public Safety applying for retirement because of illness or injury sustained in line of duty. Applications were received from six individuals, and after examination of these by impartial physicians and a review of the records, a recommendation was made that they be retired for disability.

STATE PLANNING BOARD

The Commissioner was represented by the Director of the Division of Sanitary Engineering at fourteen meetings of the State Planning Board during the fiscal year 1951-1952. The only major items discussed at these meetings in which this Department had a particular interest were:

1. A contract entered into between the Planning Board and the U.S. Department of Agriculture for a complete aerial survey of the Commonwealth, including maps of critical target areas for civil defense activities and also in connection with crop studies in the Connecticut River Valley, the Federal Government paying the entire cost of surveying three of the western counties.
2. An appropriation of \$15,000 for an investigation of proposed public ocean beaches, in connection with which the Planning Board is now investigating and preparing plans for sixteen sites.
3. Chapter 134 of the Acts of 1952, requiring that local boards of health approve all real estate subdivisions before final approval of the local planning board, should very materially assist in eliminating some of the difficulties which have occurred in the past in those real estate subdivisions where no sewer facilities exist and where subsoil conditions are unsuitable for local sewerage disposal.

APPROVING AUTHORITY

Chapter 396 of the Acts of 1945 stipulates that the Commissioner of Public Health shall serve as a member of the Approving Authority for Medical Schools.

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This Authority determines those medical schools whose graduates are to be eligible for registration in the practice of medicine in the Commonwealth. In February, 1952, two schools were approved: 1) Dalhousie Medical School of Nova Scotia, and 2) Trinity College School of Physic in Dublin.

APPOINTMENT OF CHAIRMAN FOR MEDICAL PANELS

Chapter 618 of the General Laws requires that the Commissioner of Public Health appoint the Chairman of Medical panels set up to review applications for disability retirements. The three-man panels also include a physician appointed by the local retirement authority and a physician chosen by the applicant. The Chairman appointed by the Commissioner must be, insofar as practicable, skilled in the particular branch of medicine or surgery involved in the case.

Chapter 181 of the Acts of 1952 requires that all three members of the medical panel conduct the examination in the presence of each other but that their findings be arrived at independently of one another. The Department's "Statement of Medical Panel" has been amended to conform with this legislation.

In the fiscal year 1952, 814 retirement cases were processed by the Department. In the fiscal year ending June 30, 1951, a total of 632 cases had been reviewed. This increase of 182 cases indicates the increasing activity of this service in the Department.

RECOMMENDATION FOR LEGISLATION

The following is the only legislation to be submitted to the General Court by the Department during the next fiscal year:

AN ACT AMENDING CHAPTER 111 OF THE GENERAL LAWS BY ADDING THERETO SECTION 27C PROVIDING FINANCIAL ASSISTANCE BY THE COMMONWEALTH FOR LOCAL HEALTH DEPARTMENTS. - Every citizen has a right to expect basic public health services from local government. And yet, about one-third of the population of Massachusetts is at present receiving none of these services from full-time local health departments. Over 1½ million people now live in communities that are not furnishing the benefits of modern preventive medicine and public health. The intent of this act is through financial assistance from the state to make it possible (1) for cities and towns not now having full-time local health departments to render adequate public health services and (2) to improve these services in communities which already have full-time local health departments.

Under Chapter 662 of the Acts of 1949 towns may jointly form a union health department serving several municipalities. Already over eighty municipalities now have moderators committees studying the advisability of forming such town unions. This proposed legislation would make it possible for union boards of health as well as municipal health departments to receive the necessary financial assistance.

The report of the Legislative Recess Commission to Study and Investigate Certain Public Health Matters, appointed in 1947 jointly by Governor Robert F. Bradford, the President of the Senate and the Speaker of the House, recommended the passage of legislation for financial assistance from the state to union and municipal health departments. In his Annual Message to the General Court in 1950, Governor Paul A. Dever stated that it may be desirable to provide state subsidies when the passage of time demonstrates the need.

THE SECRETARY OF THE ARMY AND NAVAL DEPARTMENT
WASHINGTON, D. C.
JANUARY 10, 1918

DEPARTMENT OF THE ARMY AND NAVAL DEPARTMENT

TO THE SECRETARY OF THE ARMY AND NAVAL DEPARTMENT
FROM THE SECRETARY OF THE ARMY AND NAVAL DEPARTMENT
SUBJECT: [Illegible]

THE SECRETARY OF THE ARMY AND NAVAL DEPARTMENT
WASHINGTON, D. C.
JANUARY 10, 1918

IT IS THE POLICY OF THE ARMY AND NAVAL DEPARTMENT
TO MAINTAIN THE HIGHEST STANDARD OF EFFICIENCY
IN THE OPERATION OF THE ARMY AND NAVAL DEPARTMENT

DEPARTMENT OF THE ARMY AND NAVAL DEPARTMENT

THE SECRETARY OF THE ARMY AND NAVAL DEPARTMENT
WASHINGTON, D. C.
JANUARY 10, 1918

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THE SECRETARY OF THE ARMY AND NAVAL DEPARTMENT
WASHINGTON, D. C.
JANUARY 10, 1918

It is the opinion of the Central Health Council and the recommendation of the Department of Public Health that the time for the passage of this legislation and the appropriation of the necessary funds is here. Because of the tax structure in Massachusetts, it is seldom possible for the municipalities to raise, through local taxation, the necessary funds for supporting a full-time local health department. As in forty other states, it is necessary in Massachusetts for the state to assist financially the municipalities in providing basic public health services.

The American Medical Association in its 12-point program has endorsed full-time local health departments covering the entire nation. The Massachusetts Medical Society endorses the development of full-time local health departments and supported the passage of the Massachusetts Union Health Department Act.

Among the many agencies which have supported the development of full-time health departments are the Congress of Industrial Organization, the American Federation of Labor, the National Grange, the American Farm Bureau Federation, The National Congress of Parents and Teachers, the General Federation of Women's Clubs, the American Public Health Association, the National Health Council, and the U.S. Junior Chamber of Commerce.

The rights of municipalities in determining their own policies and destiny is preserved in the bill by the formation of an official conference on full-time agents and health officers of local health departments who must advise the Department of Public Health relative to the manner under which financial assistance is given. Since municipalities cannot provide the necessary funds to render such services by a full-time local health department, the Department recommends the passage of this legislation which will provide assistance to local health departments, taking into consideration the population, financial status and health needs of the Community served. Unfortunately, in Massachusetts public health has not kept pace with developments in health and social sciences and the people are not getting the benefits of a modern public health and preventive medicine program. It is to the Commonwealth's interest to assure every child and adult adequate health services, and the passage of this bill will help in preventing unnecessary suffering and premature death.

1951-52 LEGISLATION

The following legislation of particular interest to public health was signed by Governor Dever during the fiscal year 1952 and enacted into law:

Acts of 1951 (July 1-November 15)

Chapter

- 475 - An act extending the benefits of the old age assistance law so-called to patients in public medical institutions.
- 502 - An act to further regulate physical examinations of school children.
- 511 - An act establishing the weather amendment board and defining its powers and duties.
- 552 - An act providing that certain laws relative to the pollution or contamination of waters shall apply to governmental agencies.
- 562 - An act relative to the care and treatment of tuberculosis.
- 692 - An act authorizing interstate compact relating to flood control of Connecticut River.

Resolves of 1951 (July 1-November 15)

Chapter

- 47 - Resolve providing for the investigation and study of the disposal of sewage and industrial wastes in the Three Mile River and its tributaries, in the Hoosic River Valley, in the French and Quinebaug River Valleys, in the Westfield River Valley and in the Chicopee River Valley.
- 54 - Resolve providing for an investigation and study of the advisability and feasibility of establishing a Southeastern Massachusetts Water District.
- 64 - Resolve providing for an investigation and study by a special commission of the condition of the Monaticquot River in the town of Braintree and the tributaries of said river in the towns of Randolph, Holbrook, and Milton.

Acts of 1952 (January-June 30, 1952)

Chapter

- 89 - An act relative to the exclusion of certain pupils from public schools if the regulations of the board of health so require.
- 112 - An act relative to expenditures of fees collected by inspectors of buildings and boards of health in cities and towns.
- 134 - An act requiring the approval of the board of health before a planning board may approve a plat.

Journal of Management Education 32(10):1039-1054

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED DATE 01-11-2001 BY 60322 UCBAW/STP

10-10-68

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[illegible]

Approved: _____ Sent _____ M. _____

Acts of 1952 (cont.)

Chapter

- 176 - An act relative to the appointment of a person to the Advisory Committee on Hospitals upon recommendation of the Massachusetts Federation of Nursing Homes.
- 182 - An act providing that permits for the taking of shellfish in the city of New Bedford for commercial purposes may be issued to aliens.
- 201 - An act relative to the inspection, stamping, and branding of carcasses of certain animals slaughtered without the Commonwealth.
- 270 - An act relative to the care and treatment of tuberculosis.
- 318 - An act relative to expenditures for the care, maintenance, and repair of tuberculosis hospitals in certain counties.
- 387 - An act further regulating inspection and sale of meat, fish, vegetables, produce, fruit, or provisions of any kind.
- 492 - An act providing for the admission of persons afflicted with arthritis to the Lakeville State Sanatorium.
- 501 - An act further regulating the discharge of injurious substances into waters used for fishing.

As the 1952 Legislature was still in session on June 30, 1952, it is expected that additional legislation involving public health or resolves providing for special investigations may be passed by the Legislature subsequent to the close of the 1952 fiscal year.

Page 10 of 10

101 - In the event of a change in the composition of the committee, the committee shall be notified by the Secretary of the Board of Directors.

102 - In the event of a change in the composition of the committee, the committee shall be notified by the Secretary of the Board of Directors.

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REGULATIONS

Rules and regulations have been promulgated by the Department relative to:

Distribution of biologic products

Adopted 4/9/35; amended 5/14/40; 1/11/49.

Sale of surplus biologic products

Adopted 4/12/49.

Use of blood or other tissues for purposes of transfusion

Adopted 1/10/39; amended 4/10/39; 10/7/41; 11/4/41; 9/14/48; 3/11/52.

Cancer clinics and service unit values

Adopted 8/10/26; amended 6/14/27; 3/13/28; 1/5/35; 9/14/43; 10/5/43; 11/11/43; 12/14/43; 4/11/44; 1/14/47.

List of diseases dangerous to public health

Adopted 1907; amended 12/15/14; 12/14/15; 2/16/17; 4/3/17; 12/18/17; 10/29/18; 11/18/20; 12/8/21; 9/18/28; 6/11/35; 12/10/35; 11/10/36; 2/14/39; 5/1/41; 5/12/42; 4/14/43; 10/5/43; 12/14/43; 1/11/44; 11/3/48.

Diseases declared to be dangerous to the public health and reportable

Adopted 1907; amended 12/15/14; 12/14/15; 2/16/17; 4/3/17; 12/18/17; 10/29/18; 11/18/20; 12/8/21; 9/18/28; 6/11/35; 12/10/35; 11/10/36; 2/14/39; 5/1/41; 5/12/42; 4/14/43; 10/5/43; 12/14/43; 1/11/44; 11/3/48.

Isolation and quarantine requirements of diseases declared to be dangerous to public health

Adopted 8/9/38; amended 5/13/41; 1/11/44; 11/3/48.

Transportation of bodies dead of diseases dangerous to public health

Adopted 8/9/39; amended 2/14/39.

Funerals of persons dead of any disease dangerous to public health

Adopted 8/9/38; amended 5/13/41; 1/11/44.

Cremation

Adopted 12/5/07; amended 10/29/18.

Treatment of persons exposed to rabies

Adopted 8/10/37; amended 5/13/41.

Approval of bacteriological and serological laboratories

Adopted 9/12/39; amended 1946.

Use of a common drinking cup

Adopted 3/22/16.

GENERAL

These are the conditions of the contract for the purchase of the goods.

1911

The conditions of the contract are as follows:

1. The goods shall be delivered to the buyer at the place and time specified in the contract.

2. The price of the goods shall be ascertained by the weight and quality of the goods.

3. The goods shall be delivered to the buyer in the condition in which they are received by the seller.

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13. The goods shall be delivered to the buyer in the condition in which they are received by the seller.

Use and concerning the providing of a common towel
Adopted 12/16/15; amended 3/22/16.

Approval of lodging houses
Adopted 7/6/05.

Barbering and barber shops
Approved 12/6/49.

Cross connections between public water supplies and fire and industrial water supplies
Adopted 2/9/37; amended 5/12/42; 10/9/51.

To prevent pollution or contamination of any or all of the lakes, ponds, streams, tidal waters and flats within the Commonwealth or of the tributaries of such tidal waters and flats
Adopted 8/14/45; amended 10/14/45.

Supervision of plumbing
Adopted 6/11/35; amended 8/6/40; 2/11/46; 1/10/50.

Minimum standards of fitness for dwellings
Adopted 12/6/49.

Operation of plants for the purification of shellfish
Adopted 6/5/28; amended 10/7/41.

Regulations promulgated by the director of the Division of Marine Fisheries
Approved for Sanitary Requirements by Dept. of Public Health 4/13/42.

Enrichment of flour, white bread and rolls
Adopted 11/3/48.

Establishing grades of milk
Adopted 5/8/35; amended 11/17/48.

Sale of rabbits intended for food purposes
Adopted 5/14/29.

Governing the business of cold storage made under the provisions of General Laws, Chapter 94, Section 67
Adopted 10/10/33.

Sterilization of feathers, down and secondhand material intended for use in the manufacture of articles of bedding and upholstered furniture
Adopted 11/12/35.

Making of each article of bedding and upholstered furniture
Adopted 12/10/30; amended 11/12/35.

Manufacture and bottling of carbonated non-alcoholic beverages, soda water, mineral and spring water
Adopted 11/12/35; amended 4/36.

Business of slaughtering and meat inspection

Adopted 7/9/31; amended 12/10/35; 9/14/43.

Poultry slaughterhouses

Adopted 9/14/43; amended 8/6/46.

Approval of contracts for the production and distribution of certified milk

Adopted 10/14/36.

Frozen desserts and ice cream mix

Adopted 9/11/34.

Bakeries and bakery products

Adopted 2/14/33; amended 1/10/50.

Definition of "pasteurized milk"

Adopted 7/8/41; amended 11/4/41; 6/15/50.

Establishments for pasteurization of milk

Adopted 2/12/35; amended 6/15/50.

Standards and definitions of purity and quality of food

Adopted 2/9/37.

Pork products intended to be eaten without cooking

Approved 2/12/24.

Licensing of Hospitals and Sanatoria

Adopted 4/14/42; amended 2/9/43; 12/14/43; 3/14/50.

Licensing of boarding homes for the aged

Adopted 11/3/48.

Licensing of convalescent and boarding homes

Adopted 11/3/48.

Dispensary License

Adopted 1/12/19; amended 5/13/19; 5/10/38.

Dental clinic license

Adopted 8/10/43.

General Rules for Police Station Houses, Lock-ups, Houses of Detention, Jails, Houses of Correction, Prisons, and Reformatories

Adopted 1910; amended 4/8/30; 6/15/48.

To establish standards for tuberculosis hospitals and sanatoria

Adopted 6/14/27; amended 6/5/28; 8/12/32; 1/17/39; 5/10/38; 10/21/48.

Obtaining state subsidy

Adopted 5/11/20; amended 6/5/28; 2/14/33; 3/13/34.

Minimum requirements for tuberculosis dispensaries as defined by the Department of Public Health

Adopted 4/6/15; amended 7/11/16; 11/7/19; 7/14/25; 4/11/33.

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Minimum requirements for uniform dispensary record system

Adopted 7/14/25.

Governing the hospitalization of patients with chronic rheumatism

Adopted 5/8/45.

Reporting and control of venereal diseases

Adopted 12/18/17; amended 5/12/18; 6/11/18; 3/11/19; 11/12/23;
10/1/25; 10/8/29; 1/14/30; 1/14/36; 8/9/38; 4/11/44; 11/3/48.

Treatment of persons suffering from venereal diseases who are unable to pay for private medical care

Adopted 2/14/33; amended 8/10/37; 8/9/38; 9/12/39; 11/6/40; 4/13/48;
11/3/48.

Issuance of premarital medical certificates

Adopted 4/11/50.

Approved prophylactic remedy for use in the eyes of infants at birth

Adopted 5/12/36.

Physical examination of school children

Adopted 3/11/52.

THE UNIVERSITY OF CHICAGO
CHICAGO, ILL.

DEPARTMENT OF CHEMISTRY
JAN 10 1900

TO THE HONORABLE CHIEF OF BUREAU OF MINES
WASHINGTON, D. C.

FOR THE PURPOSE OF OBTAINING A
COPY OF THE REPORT OF THE
COMMISSIONER OF MINES
ON THE PROGRESS OF THE
WORK OF THE BUREAU OF MINES
FOR THE YEAR 1899

THE UNIVERSITY OF CHICAGO
CHICAGO, ILL.

DEPARTMENT OF CHEMISTRY
JAN 10 1900

FOR THE PURPOSE OF OBTAINING A
COPY OF THE REPORT OF THE
COMMISSIONER OF MINES
ON THE PROGRESS OF THE
WORK OF THE BUREAU OF MINES
FOR THE YEAR 1899

BUREAU OF ADMINISTRATION

DIVISION OF ADMINISTRATION

The perennial problem of cramped, inadequate, and scattered housing still faces the Department. The consolidation of some of the Departmental laboratory services into an Institute of Laboratories and the beginning of construction of the Lemuel Shattuck Hospital for Chronic Diseases lent impetus to a bill which was presented to the 1952 legislative session of the General Court which would authorize the Department of Public Health to erect a single building to house and maintain all the divisions and sections of the Department except the Biologic Laboratories, the Lawrence Experiment Station, and the field units of the Department. This legislation was not enacted. However, the General Court passed Chapter 100 of the Resolves of 1952 which provides for a Special Recess Commission to study: 1) the construction of a building to house the Departments of Public Health and Mental Health and the Boards of Registration of the healing arts; 2) the construction of a health center for Western Massachusetts at the University of Massachusetts, which has, however, already been authorized and an appropriation made under a separate act of the General Court; 3) the closing of Rutland State Sanatorium with the building of a new State tuberculosis hospital in Forest Hills; and 4) the development of a school for nursing and attendant nursing in conjunction with the Lemuel Shattuck Hospital for Chronic Diseases. The continued crowding of the Department in scattered quarters has made it impossible to give the type of efficient and economical administration to public health that the people of the Commonwealth should rightly expect.

The Department's Policy Committee, consisting of the Commissioner, the three Deputy Commissioners, the First Assistant to the Commissioner, and a Division Director, continued its monthly meetings to discuss long-range plans and policies for the Department. Staff meetings within each of the Bureaus and Divisions were held regularly, and their recommendations were presented to the Department's Policy Committee for consideration and action. Special committees on specific problems were appointed, and these groups in turn made suggestions to the Policy Committee.

The only major organizational change in the Department in the past year involved the Section of Health Information. This former Section in the Division of Administration was made a Division of the Bureau of Administration on January 2, 1952.

Due to limited travel funds and to permit group transportation in state cars from the District Health Offices to the State House, a schedule of combined central office and field staff meetings was established. These meetings, which provided an opportunity for discussion of common problems were held as follows: September 27, 1951; October 25, 1951; December 21, 1951; January 31, 1952; March 28, 1952; April 24, 1952; May 23, 1952; and at the Annual Amherst Conference on June 18, 19, 20, 1952.

The Annual Staff Meeting of the Department was held April 25, 1952, from 9:45 A.M. to 12:00 noon in the Gardner Auditorium at the State House.

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and the Government's policy of non-interference in the internal affairs of the country. The Government's policy of non-interference in the internal affairs of the country is a result of the Government's policy of non-interference in the internal affairs of the country. The Government's policy of non-interference in the internal affairs of the country is a result of the Government's policy of non-interference in the internal affairs of the country.

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FISCAL SECTION

Table I

TOTAL DEPARTMENT BUDGET

1942, 1946 and 1951

<u>Fiscal Year</u>	<u>Total Budget</u>	<u>Per Capita*</u>	<u>Total State</u>	<u>Per Capita*</u>	<u>Total Federal</u>	<u>Per Capita*</u>
1942	\$3,899,160.60	\$0.87	\$3,333,834.61	\$0.74	\$ 565,325.99	\$0.13
1946	5,515,058.45	1.23	3,515,830.96	0.78	1,999,227.49	0.44
1951	8,183,444.85	1.74	6,916,109.02	1.47	1,267,335.83	0.27

Table II

DEPARTMENT INSTITUTION BUDGET

1942, 1946 and 1951

<u>Fiscal Year</u>	<u>State Funds</u>	<u>Per Capita*</u>
1942	\$1,827,847.51	\$0.41
1946	1,883,035.34	0.42
1951	4,152,539.18	0.88

Table III

DEPARTMENT BUDGET (Exclusive of Institutions)

1942, 1946 and 1951

<u>Fiscal Year</u>	<u>Total Budget</u>	<u>Per Capita*</u>	<u>State Funds</u>	<u>Per Capita*</u>	<u>Federal Funds</u>	<u>Per Capita*</u>
1942	\$2,071,313.09	\$0.46	\$1,505,897.10	\$0.33	\$ 565,325.99	\$0.13
1946	3,632,023.11	0.80	1,632,795.62	0.36	1,999,227.49	0.44
1951	4,030,905.67	0.86	2,763,569.84	0.59	1,267,335.83	0.27

* Per Capita expenditures based on the following population figures

1942 - 4,500,000
 1946 - 4,500,000
 1951 - 4,700,000

Table 1

Summary of data for 1990

1990 Summary of data

Year	1990	1991	1992	1993	1994	1995	1996
1990	1990	1991	1992	1993	1994	1995	1996
1990	1990	1991	1992	1993	1994	1995	1996
1990	1990	1991	1992	1993	1994	1995	1996

Table 2

Summary of data for 1991

1991 Summary of data

Year	1991	1992	1993	1994	1995	1996	1997
1991	1991	1992	1993	1994	1995	1996	1997
1991	1991	1992	1993	1994	1995	1996	1997
1991	1991	1992	1993	1994	1995	1996	1997

Table 3

Summary of data for 1992

1992 Summary of data

Year	1992	1993	1994	1995	1996	1997	1998
1992	1992	1993	1994	1995	1996	1997	1998
1992	1992	1993	1994	1995	1996	1997	1998
1992	1992	1993	1994	1995	1996	1997	1998

Summary of data for 1993

1993 Summary of data

In the past ten years, the expenditures of the Department of Public Health have almost doubled as indicated in Table I. In terms of total State and Federal expenditures within this same period, there has been an increase from 87¢ per capita in 1942 to \$1.74 per capita in 1952 for all health and hospital services by the Department. The State appropriation, exclusive of institution budgets, for health services increased in this same period from 33¢ to 59¢ per capita. The growth in Federal assistance from 1942 to 1952 was 13¢ to 27¢ per person.

A total of 73¢ per capita of State and Federal funds for public health services exclusive of institutions was expended during the fiscal year ending June 30, 1952. This represents a decrease per person expenditure from the previous high of 86¢ per capita in the 1950-1951 fiscal year.

The total expenditures of the Department for the past fiscal year were \$8,183,444.85. A breakdown by the various departmental activities is shown in the following table. A detailed breakdown of the Department Fiscal Report as prepared by the Comptroller's Bureau is contained at the end of this Annual Report.

DEPARTMENT EXPENDITURE 1951-1952

Summary of Activities

	<u>Total</u>	<u>State</u>	<u>Federal</u>
Administration	\$311,142.49	\$143,605.53	\$167,536.96
Institute of Laboratories	492,770.19	434,074.78	58,695.41
Tuberculosis	693,621.53	606,603.01	87,018.52
Hospitals	65,659.65	59,688.52	5,971.13
Cancer & Other Chronic Diseases	167,625.75	109,224.77	58,400.98
Heart Program	28,659.27		28,659.27
Health Protection Clinics	44,469.57	39,969.38	4,500.19
Local Health	356,422.09	133,481.29	222,940.80
Communicable Disease	51,723.99	36,536.13	15,187.86
Venereal Diseases	261,983.42	233,929.17	28,054.25
Dental Health	42,872.36	36,209.84	6,662.52
Maternal & Child Health & Crippled Children's Services	322,930.62	108,620.07	214,310.55
Environmental Sanitation	485,845.82	372,950.89	112,494.93

DEPARTMENT EXPENDITURE 1951-1952 (Continued)

	<u>Total</u>	<u>State</u>	<u>Federal</u>
Industrial Hygiene	\$ 18,777.90		\$ 18,777.90
Training Personnel	43,703.11		43,703.11
Alcoholic Clinics	21,737.82	21,737.82	
*Special Projects	35,424.57	15,663.42	19,761.14

* Special Projects include the following research projects: Blood Antibodies, Heart, Water Pollution, and Blood Products; the W.K. Kellogg Foundation Trust Fund; training reimbursements from Harvard School of Public Health; and special investigations authorized by legislative resolves.

PERSONNEL SECTION

During the past year this Section continued to work very closely with the Division of Training. The payment for all training activities, both full and part-time, has been processed through this Section. The Advisory Fellowship Committee interviewed candidates and selected the following public health personnel for training on a full-time basis during the next fiscal year: one physician, one sanitary engineer, one chemist, two health educators, one food inspector, one nursing supervisor of venereal diseases, two local public health nurses, and one social worker. Stipends or tuition were paid for sanitation personnel taking the field training courses during the summer and fall at the University of Massachusetts. Similar arrangements are being made for a course for nurses to be given this fall. Tuition for part-time training has also been made available to selected members of the staff of the Boston and Cambridge Health Departments and to certain employees within the Department.

Six medical students and one engineering student were selected for the specialized public health training program in the Department during the summer months. This program is designed to acquaint these students with public health work in the hope that some of them will seek employment in a public health department after graduation.

The personnel management of institutional personnel is still far from perfect, but some improvement has been made by attempts for closer personal contact with the administrative officials of the Departmental institutions.

DIVISION OF TRAINING

The demand for highly specialized public health workers and better trained staff employees has increased the training problem in agencies whose primary function is direct service to the public. Thus, a State health department can no longer rightfully confine its training activities to the orientation and apprenticeship training of only its own personnel.

DATE	TIME	LOCATION	REMARKS
10/17/50	11:15 AM	Room 101	Initial interview with subject.
10/18/50	10:00 AM	Room 101	Continuation of interview.
10/19/50	10:00 AM	Room 101	Continuation of interview.
10/20/50	10:00 AM	Room 101	Continuation of interview.

The following information was obtained from the subject during the interview on 10/17/50. The subject is a male, born [redacted], and is currently residing at [redacted]. The subject is a member of the [redacted] and has been active in the [redacted] since [redacted].

INTERVIEW SUMMARY

The subject has been interviewed on four occasions. The first interview was on 10/17/50, the second on 10/18/50, the third on 10/19/50, and the fourth on 10/20/50. The subject has provided the following information: [redacted] The subject is a member of the [redacted] and has been active in the [redacted] since [redacted]. The subject has been in contact with [redacted] and [redacted] and has been active in the [redacted] since [redacted]. The subject has been in contact with [redacted] and [redacted] and has been active in the [redacted] since [redacted].

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INTERVIEW CONCLUSIONS

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This Division has assisted in the preparation of numerous short courses, institutes, seminars, clinics, and workshops for various sections and divisions of the Department. An increasing number of visitors to the Department have had their programs and periods of orientation outlined by this unit. The continuation of substantial grants from the W.K. Kellogg Foundation and the Children's Bureau has made possible these increasing activities of this Division.

The Residency Program of the Department was given final approval by the American Medical Association in June, 1951. Nine physicians have been included within this Departmental program during the past year.

Plans have been completed for a twelve week field training course for public health nurses. Eight students are enrolled for the first course which commences on September 29, 1952. Field experience has been planned, supervised, and evaluated for eight nurses from the School of Nursing located in Boston.

Activities in the Medical Social Work Training Project have proceeded largely along four specific channels; field work placement and field observation, curriculum and classroom teaching, staff developments, and research.

195 individuals were enrolled in the ten sanitation courses in which this Division participated. In length, these courses varied from one to twelve weeks. A system of evaluating the field training experience of university students was developed and is to be used during the summer of 1952. A card index file listing the personnel of local health departments has been compiled as the first step in ascertaining the training requirements of this group of public health personnel.

DIVISION OF HEALTH INFORMATION

On January 2, 1952, the former Section of Health Information became a full-fledged Division. The functions of this Division are now divided into administration, production and distribution of materials, field services, interdepartment and agency consultation, and training.

The field services section provided public health education consultation and direct services to the various Divisions of the Department and other health agencies throughout the State. The greatest significant segment of time of the field health educators was spent this past year in community organization. This included promotion and cooperation with citizens' committees and moderators' committees for education on the meaning of the law relating to the formation of local Union Health Departments. To assist in this latter function, a resource file of health education reference material was established.

The activities of the publications, production, and distribution sections consisted of producing thirty-four pamphlets during the past year. This is an increase of sixteen over the previous year's production. The exhibits and art section plan the layout of several exhibits both for the Department and in cooperation with outside agencies.

A revision of the Department publications, both weekly and monthly, was instituted during the year. There were eighty-seven news releases in addition to other routine coverage requested by daily and weekly newspapers throughout the State. The addition of a staff photographer has enabled the Division to furnish photographs for feature stories and publication material.

This document was prepared in the Department of the Interior, Bureau of Land Management, Washington, D.C. It contains information regarding the status of the land in the State of Alaska, and is intended to be used as a guide in the management of the land. The information is based on the best available data, and is subject to change as more information becomes available.

The Department of the Interior, Bureau of Land Management, is responsible for the management of the land in the State of Alaska. It is the policy of the Department to manage the land in a manner that is consistent with the public interest, and to ensure that the land is used in a manner that is consistent with the public interest.

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THE DEPARTMENT OF THE INTERIOR

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In addition to the pamphlets, there were thousands of copies of other materials multilithed, such as: hospital forms, report forms, questionnaires, periodic bulletins, and many others. There were 853 such requests from the Divisions of the Department, and a total of 959,732 copies were produced. Nearly all of the requests made to the Department for literature and promotional material are processed through the mailing unit of this Division.

There were 2100 requests from professional and lay people for information from our library service. In addition, many new books and magazines were added, and the circulation of reference material was increased. There was a total of 1,666 requests made to our film library. These requests come not only from within the Department but also from outside hospitals, schools, colleges, and voluntary agencies.

NURSING SECTION

During the past year, in-service education programs for local public health nurses have been planned in the field of Geriatrics, Tuberculosis, and Maternal and Child Health. The response on the part of local public health nurses in attending these programs is most gratifying. After a period of years, this type of program has been well accepted by the nurses working in the local communities.

The increase in the training activities of this Section has necessitated the transfer of the Assistant to the Chief of the Nursing Section to the Division of Training, where her services may be more effectively and fully utilized.

A Nursing Consultant in Heart Diseases is to be established in the Division of Cancer and Other Chronic Diseases. This will permit an extension of the services of this Division and will increase the effectiveness of its programs.

In preparation for activities during the coming year, the Nursing Section has been involved in: 1) assisting with the implementation of the new school health regulations and assisting local public health nurses in the use of the New School Health Record, and 2) assisting in interpreting the Home Accident problem to local public health nurses and implementing the use of the Home Accident Prevention Manual. The production of this Manual during the past year has been one of the outstanding accomplishments of this Section.

NUTRITION SECTION

During the past year, the Nutrition Section has made steady and rewarding progress in extending nutrition consultation services to many public and private groups within the State. Hundreds of schools and thousands of children were benefited from the assistance given by this Section to school officials, teachers, lunch managers, and other school personnel. "The Nutrition Handbook for Teachers" was revised and reprinted, and 2,500 copies were given to the State Department of Education for distribution to all elementary schools in the State.

Many training activities were planned and carried into effect by this Section. Two health education workshops, one home economics workshop, two one-week lunch managers conferences, one New England and one national conference on training of public health nutritionists, and several refresher courses for nurses were participated in by the personnel of this Section. Special consultation and guidance in meal planning was given to the three institutions of the Massachusetts Youth Service Board. At the request of the State Approving Authority for Schools for

Nurses, the food and nutrition sections of the State Curriculum For Schools of Attendant Nurses was studied. Extensive revisions were made and a new guide for the teaching of this course was undertaken. Many nursing and boarding homes were given nutrition guidance by individual visits and by group meetings of proprietors with nutritionists from this Section. State and local nutritionists prepared material on food service to be included in the suggested standards for day-care centers and nursery schools in Massachusetts. This Section also supervised the field training of five graduate students in public health nutrition for periods varying from one to six weeks.

Specialized nutrition services, in addition to the above, were given to certain specific groups. Interviews on the food habits of approximately two hundred hypertensive patients were made for inclusion in a study of the Division of Cancer and Other Chronic Diseases. The Diabetic Kit of the U. S. Public Health Service was tested in the Berkshire District with many doctors, nurses, and dieticians in that area. Two manuals on nutrition and feeding in times of disaster were prepared for the Massachusetts Civil Defense Agency.

These many specialized programs along with the basic duties of this Section, have permitted this unit of the Department to improve nutrition practices not only in the Department but in many other public and private health and lay agencies throughout the State.

SOCIAL SERVICE SECTION

The most conspicuous development in the program of the Section of Social Work during the past year has been increased participation in community planning activities. Many members of the Section are active in Community Councils, State and Regional Conferences of Social Work, and other similar groups. Through these channels, community needs and gaps and service are discussed and plans formulated for more effective health services to the people, either by the establishment of new resources or by the better use of existing resources. Progress is very slow, but some gains have been made in increasing these social case-work services in the smaller towns and rural areas of the Commonwealth during the past year.

The Medical Social Training Project, now in its third year, and in which this Section participates, is discussed in this report under the Division of Training. In addition to the full-time second year students from the three Schools of Social Work in Boston, many students of social work and other disciplines have received brief periods of observation experience with this Section. Successful seminars have been held for both Departmental personnel and for medical social workers in local hospitals.

This Section has continued its extensive responsibilities in the social work duties involved in the various direct clinic services of the Department. These clinic services include the Crippled Children's clinics and the follow-up services for patients with tuberculosis, cancer, cerebral palsy, and other conditions, as well as the clinic services for the State cooperating clinics for cancer, heart disease, health protection, and others.

Both present and future planning must continue to stress the necessity for cooperative relations with existing health and welfare groups. These relations should be directed toward the promotion of better understanding of public health,

especially in its medical social aspects and the promotion of more adequate social service at the local level.

MEDICAL AND HEALTH DIVISION, MASSACHUSETTS CIVIL DEFENSE AGENCY

In order to expedite the organization and administration of this agency, the twelve Sections of the Medical and Health Division of the Civil Defense Agency have been grouped into four units each composed of three Sections headed by a Unit Chief, who is a staff member of the Department of Public Health. Eight of these twelve Sections have developed a manual of "Organization and Operation" which has been reproduced and distributed to all persons interested in the activities of the Medical and Health Division, including all States and Territories as well as to the Federal Civil Defense Administration.

The blood grouping and Rh typing project has progressed very satisfactorily during the past year. Approximately 90,000 Massachusetts residents have had their blood group and Rh type determined by personnel teams traveling to the various communities in the State. The ultimate aim of this project is to type as many residents of the Commonwealth as possible so that a large number of potential donors will be available in the event of a major disaster. In addition to the blood grouping and Rh typing projects, plans have been made to provide the Medical and Health Division with the list of patients and blood donors typed by the many hospitals in the State.

The approval of improvised hospital locations throughout the Commonwealth is fifty percent completed. Information as to these locations and their potential bed capacity are necessary for the future development of mobilization plans in the event of extensive disasters.

During the year, requisitions were submitted for training equipment totaling approximately \$31,000 and for organization equipment almost \$1,400,000. As soon as these supplies are received, they will be packaged for distribution to local Civil Defense Units and for emergency stockpiling in special warehouses.

In order to promote the training of personnel in the event of disaster, the Professional Training Committee was organized during the year. The responsibility of this Committee is to develop a coordinated professional training program for the various medical personnel. To ascertain the available health personnel, a registration drive is planned for the fall of 1952. This registration is to include twenty-eight categories of personnel, and a knowledge of their availability will permit the local Civil Defense Agencies to plan and assign personnel to actual operating units.

... TO ...

The above information was obtained from a review of the records of the
 Department of the Interior, Bureau of Land Management, and the
 records of the Department of the Interior, Bureau of Reclamation.
 The information was obtained from the records of the Department of the
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 Interior, Bureau of Reclamation.

The Board of Directors of the American Telephone and Telegraph Company, Inc. has authorized the payment of a dividend of \$1.00 per share of common stock for the quarter ended September 30, 1964. The dividend will be paid on October 15, 1964, to shareholders of record as of September 15, 1964. The dividend will be paid in cash to shareholders who are entitled to receive it.

displacement and movement (vertical) is not considered to be involved with
about the vertical axis or is not involved. Intelligent movement will be
possible to determine whether or not the movement is through the vertical
plane. It is not possible to determine if there is a plane

[illegible]

1. The first of these is the fact that the Commission has not yet received any information from the Government of the United States regarding the activities of the Committee for the Liberation of the People of the East (CLPE) in the United States. The Commission is therefore unable to determine whether the CLPE is a genuine organization or a front organization for the Soviet Union.

BUREAU OF INSTITUTIONS

DIVISION OF TUBERCULOSIS AND SANATORIA

In 1951, for the third successive year, there was a substantial drop in tuberculosis mortality. The rate of 18.7 for all forms of tuberculosis sets an all-time low for tuberculosis mortality in Massachusetts.

Chapter 562 of the Acts of 1951 provided for the treatment of pulmonary tuberculosis without cost to the patient or his family. Before the law had been in effect for four months, however, it was repealed by the 1952 legislature and provisions for the care and treatment of tuberculosis in the State have reverted to the status prior to January 1, 1952.

Chapter 732 of the Acts of 1950, which requires that all school employees shall submit a certificate certifying that they are not suffering from tuberculosis in a communicable form, has operated successfully throughout the State. Over 45,000 employees were examined and certified during the first year.

In April, 1952, a new drug for the treatment of tuberculosis was made available on a study basis. This drug isoniazide, (isonicotinic acid hydrazide), has now been in use for some five months. While the immediate clinical response has been favorable, the drug appears to have little effect on the tuberculous lesions, as indicated by x-ray, and the duration of action of the drug is relatively short. Unfortunately, tubercle bacilli become resistant to isoniazide much more rapidly than to streptomycin. It is yet too early to determine its final place in the treatment of tuberculosis.

Chapter 492 of the Acts of 1952 provides for the admission of arthritis patients to the Lakeville State Sanatorium. This will make it possible to utilize existing facilities for the further treatment of chronic rheumatism, now a major medical problem.

During the fiscal year, the following construction was completed: Addition to the nurses home at Lakeville State Sanatorium, fire alarm system at North Reading State Sanatorium, and a new refrigeration system and x-ray equipment at Rutland State Sanatorium.

Construction was begun on the new clinical research out-patient building at Pondville Hospital on December 6, 1951. Construction on the new Chronic Disease Hospital was started in November, 1951, but in April of 1952, the Supreme Judicial Court declared the award to the John Bowen Company was illegal thus reversing a prior decision of the Superior Court. Construction therefore on the hospital building and nurses home, therefore, stopped, and plans and specifications were prepared for new bids on the project.

LAKEVILLE STATE SANATORIUM

During the past year, patients with extra-pulmonary tuberculosis and poliomyelitis and children with crippling conditions including cerebral palsy were treated at the Sanatorium. There were 183 patients in the Sanatorium at the beginning of the fiscal year on July 1, 1951 (115 tuberculous, 21 poliomyelitis, 47 crippled children). At the close of the year, June 30, 1952, there were 194 patients. 250 patients were admitted during the year and 227 discharged. The introduction of isonicotinic acid hydrazide into the treatment of tuberculous patients did not give spectacular results except in one case of tuberculous meningitis. The trend

MEMORANDUM FOR THE DIRECTOR

1. The purpose of this memorandum is to provide information regarding the activities of the [redacted] in the [redacted] area.

2. It is noted that the [redacted] has been active in the [redacted] area, and it is recommended that the [redacted] be kept under close surveillance.

3. The [redacted] has been observed in the [redacted] area, and it is recommended that the [redacted] be kept under close surveillance.

4. The [redacted] has been observed in the [redacted] area, and it is recommended that the [redacted] be kept under close surveillance.

5. The [redacted] has been observed in the [redacted] area, and it is recommended that the [redacted] be kept under close surveillance.

6. The [redacted] has been observed in the [redacted] area, and it is recommended that the [redacted] be kept under close surveillance.

7. The [redacted] has been observed in the [redacted] area, and it is recommended that the [redacted] be kept under close surveillance.

Very truly yours,

8. The [redacted] has been observed in the [redacted] area, and it is recommended that the [redacted] be kept under close surveillance.

25.
toward increased age of tuberculous patients admitted to the hospital continued during the year, as has been previously reported. During the year a small number of anterior poliomyelitis cases were admitted (apparently in keeping with the mildness of the present epidemic.) In the treatment of the cerebral palsy cases, a need for special occupational therapy was recognized and, therefore, a new playground was built with the assistance of the United Cerebral Palsy Association of Massachusetts; also, general occupational therapy was adapted to care for this type of patient.

NORTH READING STATE SANATORIUM

At the beginning of the year, there were 126 patients and, at the close of the year, 166 in the Institution. The daily average population was 141.2 patients including both tuberculosis and rheumatic fever cases.

Successful treatment of children with tuberculous meningitis has been quite remarkable since the introduction of streptomycin and para-amino salicylic acid. With this combined therapy, more than 35 cases of tuberculous meningitis have been treated with 90 percent survivals, and only a rather small number of those who survived had serious complications. During the year, the out-patient department for rheumatic fever and rheumatic heart disease patients remained in operation one day a week. On June 30, 1951, the rheumatic fever department of the hospital was closed. A more adequate dental service was made available to the patients during the year. Because of changing age groups, a smaller proportion of patients were able to attend classes. The majority of children have bedside teaching, and during the year five eighth grade and three high school pupils were graduated.

RUTLAND STATE SANATORIUM

There were 203 patients in the Sanatorium at the beginning of the fiscal year and 212 at the close. The average daily number of patients was 210. During the year, 217 patients were admitted, and, including deaths, 209 discharged.

The previously mentioned new chemotherapeutic drug, isonicotinic acid hydrazide, was administered to over 50 patients. As at the other State tuberculosis sanatoria, there was an overall impression that this drug gave only temporary clinical benefits. There were no x-ray indications or evidence of definite improvement. Other forms of treatment are therefore being continued as in the past. Efforts this year to improve rehabilitation of patients resulted in the establishment of an independent organization, "The Opportunity Index", devoted to the placement and general welfare of patients discharged from the sanatoria throughout the State. During the year, a much needed social worker was also made available to the Institution.

WESTFIELD STATE SANATORIUM

In the past fiscal year, there were 797 admissions for cancer and 126 for tuberculosis to this Sanatorium. The cancer service of 50 beds ran at a 68 percent capacity and the tuberculosis service of 141 beds at 94 percent capacity. The lower capacity for the cancer beds was more than compensated for by the very active out-patient clinic. There were 654 surgical operations performed and 13,615 x-ray procedures.

Extensive surgery and chemotherapy augmented the basic principle of effective bed rest for the tuberculosis patients. There were 246 operative procedures and 2,994 artificial pneumothoracies performed.

24.

Postgraduate activities were continued, particularly through semi-annual postgraduate medical teaching clinics and resident training programs in cancer, pulmonary diseases, radiology, and pathology. In addition, the School for Attendant Nurses continued its valuable courses of instruction.

PONDVILLE HOSPITAL

This year marked the twenty-fifth anniversary of the opening of Pondville Hospital for the care of cancer patients. This was observed on June 20, 1952 by the formation of the Ernest M. Daland Alumni Society composed of former resident physicians, followed on June 21 by a luncheon meeting of the Pondville Hospital Volunteer Social Service Committee and invited guests.

As of July 1, 1951, there were 50 patients in the Hospital, and, during the year, there were 1,222 admissions. Sixty-five patients remained in the Hospital on June 30, 1952. The daily average number of patients was almost 60 with an average hospitalization period of 19 days per patient. With the gradual increase in admissions during the year, there was a proportionate increase in the number of surgical procedures performed.

Activities involving lay, medical, and public health groups have been carried out in the Institution during the year. As an example, a two-week Cancer Institute for Public Health Nurses was held twice during the year. The School for Attendant Nurses graduated its third class this past year.

LEMUEL SHATTUCK HOSPITAL FOR CHRONIC DISEASES

In 1933, the Department of Public Health in conjunction with other groups made a survey of chronic diseases and cancer in which it was emphasized that the control of chronic diseases was one of the major existing public health problems in the Commonwealth. In pursuance of the recommendation made by a Special Commission of the General Court to establish a hospital for the diagnosis, treatment, and prevention of chronic disease, the Legislature, in 1945, appropriated \$200,000 for the preparation of plans for such a hospital. After extensive study, an accessible and convenient location was selected in 1949 on Morton Street, Forest Hills, on land owned by the City of Boston. After this site had been acquired for a nominal fee with the cooperation of the City of Boston, \$11,000,000 was appropriated by the General Court for construction of the 600-bed chronic disease hospital, a nurses home, and a service building. Due to increased building costs, an additional \$3,500,000 was found to be necessary and was granted by the Legislature on November 13, 1951. Thus, the total now available for the construction of this institution is \$14,700,000.

In August, 1951, bids for the hospital nurses home were requested and a contract was awarded to the apparent lowest bidder. Construction commenced on August 10, 1951, but because of legal difficulties in the building contract, construction had to be terminated. The project was, therefore, necessarily re-bid and it is expected that these re-bids and the awarding of the new contract will be made during the first part of the 1952-53 fiscal year. The service building, which is under a separate contract, has shown satisfactory progress and is still under construction.

CANCER AND OTHER CHRONIC DISEASES

A major project of the Division of Cancer and Other Chronic Diseases during the past year was the evaluation of multiple screening procedures. A Health Protection Clinic was operated at the Peter Bent Brigham Hospital and another in the Belmont Health Department. A comprehensive analysis of the data from these clinics,

THE UNITED STATES OF AMERICA
DO hereby certify that the within and foregoing is a true and correct copy of the original as the same appears in the records of the Department of the Interior.

DEPARTMENT OF THE INTERIOR

ALL THIS 10th day of January, 1900, at Washington, D.C.
In presence of the undersigned, the said original was compared with the copy hereinafter set forth, and found to be a true and correct copy of the original as the same appears in the records of the Department of the Interior.

WITNESSED my hand and the seal of the Department of the Interior at Washington, D.C., this 10th day of January, 1900.

THE SECRETARY OF THE INTERIOR

DEPARTMENT OF THE INTERIOR

TO ALL WHOM THESE PRESENTS SHALL COME, I, the President of the United States, do hereby give notice that the within and foregoing is a true and correct copy of the original as the same appears in the records of the Department of the Interior.

IN WITNESS WHEREOF, I have hereunto set my hand and the seal of the President of the United States at Washington, D.C., this 10th day of January, 1900.

THE PRESIDENT OF THE UNITED STATES

THE SECRETARY OF THE INTERIOR

as well as that obtained at the earlier clinic sessions held at the New England Center Hospital, has been carried on. The results will be published in book form during the coming year.

The Division continued to furnish pathological diagnoses to all physicians in the State, and to supervise the cancer clinics. At a meeting of the cancer clinic chiefs, the five oldest out-patient cancer clinics supported by the Department were honored. These clinics, which have functioned for twenty-five years, are at Springfield, Lowell, Lynn, Worcester and Pondville.

A large part of the work of the Division consisted of statistical research. Several studies concerning the etiology of cancer were carried on while other studies pertained to an evaluation of cancer control activities. Further investigations involved the compilation of descriptive statistics relating to cancer and its control in the clinics. It is of interest that this Division has the most complete follow-up system of any in the world.

The educational activities included two two-week cancer institutes for nurses, for which most of the sessions were held at the Pondville Hospital. In addition, there were four one-day heart institutes held in Fall River, Lowell, Salem, and Quincy for the benefit of nurses, social workers, nutritionists and rehabilitation workers.

The heart program included the provision of social service during the entire year to four cardiac clinics, and assistance to three others for a part of the period. The first issue of "The Heart Bulletin", which is published in Texas, was purchased and sent to all physicians on the cardiac mailing list. The Division cooperated in the establishment of the Cardiac Evaluation Unit which is to begin operation in September, 1952, at the Massachusetts General Hospital.

HOSPITAL SURVEY AND CONSTRUCTION

The Federal allotment for health facility construction of \$2,061,948 for the fiscal year ending June 30, 1952, was distributed to eighteen projects, eleven of which have actually started construction under the program. During the year, thirty-three payments made to twenty-five projects (some approved and financed in prior years), amounted to \$2,155,557.27. Detailed engineering inspections were made on all these projects and were related to such special hospital details as x-ray and operating room installations, sterilizer equipment, oxygen systems, conductive flooring, and explosion proof fixtures. Of a total of fifty-two projects, thirteen were closed out, four in the closing process, twenty-one under active construction, nine projects programmed, and three projects were of doubtful status. To date under the program, 3,022 beds have been established of which 982 are beds for chronic cases and 570 are bassinets.

During the year, detailed surveys were made of seventy-five hospitals and lesser surveys were made of the remaining hospitals in the State in keeping with the need for an annual revision of the State Plan. In addition, comprehensive studies were made of two completely new hospitals which were constructed under Public Law 725 to determine their adequacy after a one-year period of operation. These two hospitals were the Athol Memorial Hospital and Milton Hospital.

The annual revision of the State Plan, approved by the U. S. Public Health Service on November 19, 1951, disclosed that in order to provide adequate facilities Massachusetts requires 23,406 general hospital beds and 9,330 beds for chronic disease. Allowing for existing acceptable beds in each category, 8,487 additional general beds and 6,134 more chronic disease beds are needed to meet Federal requirements.

HOSPITAL LICENSING SECTION of the Division of Hospitals

Since the inception of the Hospital Licensing Act in 1941, the Division has

we will be very pleased to see you at the office
and will be glad to see you at the office
and will be glad to see you at the office

The first thing I noticed when I stepped out of the car
was the cold air. It was a relief after the heat
of the car. I looked around and saw a few people
walking on the sidewalk. The street was empty
except for a few cars parked on the side.

I took a deep breath and felt the cold air
fill my lungs. I looked up at the sky and
saw a few clouds. The sun was shining brightly
and the birds were singing. I felt a sense of
peace and tranquility. I walked slowly and
enjoyed the moment.

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assumed an ever increasing load due to its expanding program with commensurate increasing responsibilities. These vital and far-reaching functions include: the licensing of hospitals and sanatoria, except county, state and federal institutions; convalescent and nursing homes and boarding homes for the aged; and clinics and dispensaries, exclusive of those licensed as an integral part of a licensed hospital. New programs include the approval of public medical institutions and the inspection of blood banks.

As of June 30, 1952, the following facilities have been licensed: 58 clinics and dispensaries, 420 convalescent and nursing homes, and 491 boarding homes for the aged. Eight new clinics were licensed, including six for group practice. Included in the license renewals were eleven dental clinics. Three clinics, two of which were dental, closed voluntarily. 197 hospitals and sanatoria were also licensed.

Four new hospitals were licensed, six hospitals were approved for changes in classification, and one hospital (Lynn Health Department Hospital, 179 Holyoke Street, Lynn) closed on December 1, 1951 and is now known as the Lynn Public Medical Institution.

With the assistance of the Divisional staff, tremendous improvements have been effected in the past year in the majority of hospitals to make it possible for them to comply with the regulations which became effective July 1, 1950.

HOSPITAL COSTS Section of the Division of Hospitals

During the year a review of the all-inclusive costs for in-patient and out-patient care of 185 hospitals and infirmaries located in Massachusetts and Rhode Island was carried out. In addition the Blue Cross contracts for 180 hospitals and infirmaries were reviewed and recommended for approval. This review included not only the per diem cost but also ancillary service costs and charges. Other certificates to the Department of Industrial Accidents and to the Department of Education for hospital charges in compensation cases and vocational rehabilitation programs were issued. Work was continued on the standardization of hospital accounting, including the uniform cost and analysis method. This project is carried out with the support and cooperation of the various hospitals in the Commonwealth and the Massachusetts Hospital Association.

INSTITUTE OF LABORATORIES

In the first year of its existence, the Institute has shown the validity of amalgamating laboratories of similar functions. The routine work of the individual laboratories is carried out independently, but the formation of an Institute has created possibilities for enlarged functions and increased cooperation with other agencies. The Institute became one of the Collaborating Laboratories in the Sectional Research Program of the National Institutes of Health, with a new research laboratory for human mycology added on its premises. It serves as headquarters for the Blood Board. Plasma and plasma products are produced on contract with the American National Red Cross.

BIOLOGIC LABORATORIES

Emphasis was placed during the year on high production in order to keep pace with demands. Distribution of diphtheria and tetanus toxoids and pertussis vaccine, aluminum phosphate precipitated, has been continuously high with the greatest demand in the spring. High distribution of Immune Serum Globulin due to a winter and early spring state-wide outbreak of measles was noted. Investigative work and product improvement went forward. Tangible results of this occurred during the year in the

beginning distribution of prophylactic doses a newly-prepared tetanus antitoxin, which showed very few untoward reactions following its use in clinical trial.

Noteworthy effort was given during the year toward the revision of the transfusion regulations by the laboratory staff members of the Civil Defense Blood Committee.

Work done under contract to the American National Red Cross Blood Program was completed to the amount of approximately \$101,000. This work consisted of plasma separation, plasma irradiation, and fractionation of out-dated blood.

DIAGNOSTIC LABORATORY

One of the major activities of this unit in the past year has been the Civil Defense Blood Typing Program. Technically, the work has been proceeding in a very gratifying manner, although the response of people applying to be typed, while excellent in some communities, has been disappointing in others. Over 90,000 persons have now been typed at an estimated cost of not more than 40¢ per person.

With diagnostic diphtheria cultures, there has again been a low instance of positive reports. The tuberculosis culture work has continued at a high peak due to the prevailing demand for these services. The program of approval for local hospital and clinic laboratories has increased, and there has been a special interest from these facilities for advice in the culturing of tubercle bacilli.

Two virus research projects have been completed this past year. The first project was concerned with the growth of the influenza virus and the second with the course of encephalomyelitis in mice.

WASSERMANN LABORATORY

Despite the curtailment of Public Health Service funds for venereal disease control during the year, 545,015 tests were performed on the 544,720 specimens which were received. Beginning in December, 1951, a more accurate procedure was developed in the Hinton test for syphilis. During the year, 40 out of 43 laboratories in the State satisfactorily performed standard serological tests for syphilis and were recommended for certification. Also, 65 of 77 laboratories satisfactorily performed rapid serological tests to be used in connection with blood donor services. Several months were spent on a study of the value of a new test for the determination of total protein in the spinal fluid, but the results did not warrant a change and the existing method was continued.

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BUREAU OF PREVENTIVE MEDICINE

DIVISION OF LOCAL HEALTH ADMINISTRATION

During the past year, this Division, with the assistance of the Massachusetts Citizens Committee for Public Health, has actively promoted the formation of union health departments. A total of eighty towns and cities now have appointed Moderator's Committees to study the Union Health Law and its program.

Minimum health services for local health departments requesting exemption from joining union health departments have been prepared and tentatively approved by the Public Health Council. An evaluation schedule for the use of towns requesting exemption has been tentatively formulated and several communities are evaluating their services and responsibilities on an informal basis from this schedule.

On January 1, 1952, a study of the environmental factors involved in home accidents in Massachusetts was undertaken. This study will continue during the next fiscal year.

During the past year, this Division has participated in many training activities. An eight weeks course in Geriatrics for public health nurses was completed on April 29, 1952, in the Southeastern District. Eight conferences on tuberculosis control for public health nurses were held in the Northeastern District in April. In June, 1952, the public health nursing supervisors attended a five-day workshop, entitled "Special Problems in Children" at Simmons College. A two-day workshop on "Group Dynamics" was conducted in March for the district social workers. The dental hygienists attended a conference from June 24 to June 27, 1952, at the Harvard School of Public Health. In February, all the district physical therapists participated in a three-day workshop on cerebral palsy at the Lakeville State Sanatorium.

The district health officers have been active in their duties as Regional Coordinators of Civil Defense in their respective areas. The regular routine inspections and investigations, which are the responsibility of the District Health Officers, have been performed as required by regulations and the necessary reports have been submitted to the central office. As one of the major projects during the past year, the district health officers have made special studies to find the quantity, quality, and cost of existing health services and facilities in the local communities of their districts.

DIVISION OF COMMUNICABLE DISEASES

In 1951, the total number of cases of communicable diseases was 74,754. This represents the second lowest incidence of communicable diseases in the last thirty years, 1950 being the only year with fewer reports. The major highlight in the past year has been the decrease of diphtheria to less than 100 cases, which indicates the effectiveness of widespread immunization programs for this disease. Scarlet fever has been at a new low, and poliomyelitis, chicken pox, and whooping cough were considerably below normal levels.

A number of epidemics were investigated and several special studies were pursued during this period. One of these studies was a completion of an investigation on the diphtheria immunization of high school students. This study will make it possible to outline the policy of immunization which should be

UNITED STATES OF AMERICA

DEPARTMENT OF JUSTICE

Whereas the Commission on the Organization of the Executive Branch of the Government has recommended that the Department of Justice be reorganized to more effectively carry out its functions and to eliminate overlapping and duplicative activities, and

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followed in this age group. The personnel of the Division of Communicable Diseases cooperated with the Institute of Laboratories in a field trial of biologics. Information was gathered which indicated that the colleges and private schools of Massachusetts are still requiring smallpox vaccination as an entrance requirement.

A revision of the isolation and quarantine requirements of the Department was undertaken during the past year and a final draft has been completed. The Department participated in conferences on two special interstate problems: one relative to the rabies situation in New England and in the neighboring states to the west and south; the other on the formulation of a uniform policy in regard to immunization during the poliomyelitis season.

DIVISION OF MATERNAL AND CHILD HEALTH

One of the major activities of this Division during the past year has been in connection with the Regulations for the Physical Examination of School Children in Massachusetts, in pursuance of legislation which becomes effective on September 1, 1952. In conjunction with this program, a new School Health Record has been revised, as well as a form on which the family physician may record the results of his physical examination of a school child for subsequent use of school personnel.

Many activities for the benefit of the children of the Commonwealth have been promoted during the year. An epilepsy training center was established at the Children's Medical Center with the cooperation of Dr. William G. Lennox. A one-day conference of over one hundred people interested in epilepsy was one of the programs carried on at this Center. The Crippled Children's Services were extended to cover orthopedically crippled children from Metropolitan Boston and children with congenital heart disease from any part of the State. A new hearing test was also devised for school children and nursery schools were sponsored for children who were hard of hearing.

Extensive training and orientation programs have been conducted in the field of child health. The Maternal Mortality Committee and this Division organized a very successful meeting with the Springfield Academy of Medicine to discuss the maternal deaths in the Springfield area. Over one hundred physicians attended a three-day postgraduate course in obstetrics and pediatrics which was organized in conjunction with the staffs of the Boston Lying-In Hospital and the Children's Medical Center. In addition, health education courses were organized for teachers, school administrators, and dental hygienists.

DIVISION OF VENEREAL DISEASES

During the year 1951, there was a sharp increase in the syphilis rate from 28.0 per 100,000 in 1950 to 43.6 per 100,000 in 1951. This increase was due to two factors: 1) a genuine increase in syphilis, and 2) more intensified case finding.

Associated with the study of the increased syphilis rate in 1951 was a serologic study designed to determine the efficiency of morbidity reporting and the incidence of biologic false positive blood tests at the State Wassermann Laboratory.

Also related to the above two investigations was a prenatal syphilis study designed to answer the following five questions: the incidence and

prevalence of prenatal syphilis; the proportion of mothers delivering having had prenatal care; in which trimester of pregnancy the mothers having prenatal care reported for this care; the incidence of prenatal syphilis developing subsequent to the initial negative prenatal blood test; the effect of anesthesia on the blood test. Work continues on developing reciprocity arrangements between the states for exchanging and recognizing each other's premarital medical certificates. This year, three additional states have agreed to honor the Massachusetts medical certificates when properly completed. At the present time, Massachusetts will accept thirty-four out of the thirty-nine states which have such laws, two out of the three territories, and one out of the four Provinces of Canada having these statutes. On the other hand, twenty states and two territories have agreed to accept the Massachusetts Premarital certificate when properly completed.

On July 1, 1951, the Department stockpiled, for emergency use, a limited amount of penicillin. Because this antibiotic is a dated product, a system was devised whereby penicillin was rotated and replaced with fresh stocks.

In the military program, in addition to performing the follow-up of military contacts, selectees with positive blood tests, rejectees with positive blood tests, and veterans discharged with inadequate treatment or follow-up, the staff undertook to interview military patients concerning contacts. This service, at the present time on a study basis, is being carried out at Fort Devens, Westover Air Force Base, Coast Guard Headquarters, and the U.S. Public Health Service Hospital, and has already proved of mutual advantage both to the military and to the Department.

DIVISION OF DENTAL HEALTH

To accomplish its broad aims in the field of dental health, the Department has continued to engage in an active program of health education and demonstration designed to effect the control of dental diseases, particularly in childhood, throughout the Commonwealth.

The fluoridation of public water supplies as a partial caries control has been introduced to the public's attention through the customary education means. Six active fluoridation programs have been established in the Commonwealth in the past twelve months, and eight more will soon be installed. In addition, eight local programs are in the process of organization. With the cooperation of the Public Health Service, a demonstration program of topical fluoride caries control has been organized in Barnstable County. In order to promote more unified activity at the community level, two conferences and workshops had been held with professional workers in the field in specific dental health education procedures which may be utilized.

For program evaluation purposes, a practical sampling has again been made of the oral disease prevalence and the effectiveness of treatment in more than a score of representative Massachusetts communities. It is apparent from these observations that dental disease prevalence has remained constant in the Commonwealth for the past six years, and that the existing available treatment and correction services meet about 25 percent of the need.

DIVISION OF ALCOHOLISM

At the present time, six ambulatory clinics are operated on a cooperative basis with local hospital out-patient departments. Three of these six clinics

have been established during the past year. A total of 459 patients were admitted, and 7,265 visits were made to the clinics during the year. Of the 381 cases which were discharged, 71 or 18.7 percent were recovered, 33 or 8.6 percent were referred to other facilities, 50 or 13.1 percent were considered not amenable to available treatment and were not accepted for extended treatment, 90 or 23.6 percent were discharged because of an uncooperative attitude and 137 or 36 percent were lost or self-terminated cases. The Department staff is also investigating the possibility of using facilities which may offer relatively longer periods of care for these patients.

In the preventive aspects of its program, various local, state, and national organizations have cooperated. Joint projects, primarily of an educational and study nature, have been undertaken. Assistance in guidance has been rendered to local groups who have been interested in developing various types of programs in the treatment and prevention of alcoholism.

BUREAU OF ENVIRONMENTAL SANITATION

DIVISION OF SANITARY ENGINEERING

The activities of this Division continued to expand with the increased demand for its services. Some 1,637 official replies were sent to various municipalities and other groups containing the recommendations and suggestions of the Department.

Three new local water supply systems have been installed, three communities have abandoned their own sources of water supply and are purchasing water from the Metropolitan District Commission, and three other municipalities have made major changes in their water filtration plans. Interest continues in the fluoridation treatment of public water supplies, and by the end of the fiscal year, six communities were fluoridating their water supplies. Equipment for the fluoridation of water in eight other communities has also been approved.

The stream pollution control program was accelerated with the funds which were made available by the General Court for the special investigation of pollution in certain rivers, namely the French, Quinebaug, Rumford, Chicopee, Westfield, and Hoosick Rivers. A comprehensive sampling program was carried on in all of the major streams of the State during the summer of 1951.

Under the supervision of the Department, new sewage treatment plants were placed in operation in Fall River and at the Nut Island Plant of the Metropolitan District Commission. The Department approved a number of major extensions of the Metropolitan District Commission's sewerage system to serve communities within twenty miles of Boston. Through the efforts of the Department, a number of industrial waste treatment plants were installed or enlarged and, in many other cases, provisions were made for the discharge of industrial waste into municipal sewerage systems. An additional burden has been placed on the engineering staff as a result of new legislation which requires that the local boards of health must approve the sanitation aspects of real estate sub-division plans before actual development can begin.

Plans were approved and actual construction was started on the enlargement of the Newburyport Shellfish Treatment Plant. A number of research projects have been undertaken in regard to shellfish, and a more complete sanitary survey has been made of shellfish areas so that existing sources of pollution may be eliminated.

Nine hundred and seventy-six camp and cabin areas were examined as to the quality of water supply and the adequacy of sewage disposal facilities. This program has resulted in markedly improved sanitary conditions in most of these units.

The inspection of cross-connections between public water supplies and secondary water supplies has been continued, and 999 sets of double-checked valves were inspected. The rules and regulations of the Department in regard to cross-connections were revised during the year.

Community sanitation surveys were made in sixty-three municipalities. Restaurant surveys were made in Hampshire County and in Ashburnham, Chelmsford and Milford. Food workers courses were given at seven institutions and in three cities and towns.

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At the request of local boards of health, seventy-three swimming pools and public bathing places were examined, while garbage and refuse disposal problems were investigated in nineteen communities. Advice was given to many local health departments in rodent control problems.

Increased attention has been given to the problem of atmospheric pollution, and the Department has advised twelve communities in this regard in the past year and fifteen municipalities in miscellaneous nuisance problems.

In order to further promote Civil Defense activities, a series of two-day schools in each of the nine Civil Defense Regions were held for water department officials on the subject of emergency water supply practice. Later, one-day schools were held for sanitarians and other public health workers in each of these same Regions in order to give instruction in emergency sanitation procedures. Training schools were held to develop and instruct teams in radioactive monitoring.

The General Court has appropriated \$402,000 for the construction of a new Lawrence Experiment Station which will house the existing experiment station as well as the water and sewerage laboratory now located in the State House. Completion of the new Station is anticipated by September, 1953.

The existing Lawrence Experiment Station in the past year received and examined approximately 7,000 municipal water supply samples and 1,285 shellfish samples for bacteria. About 8,000 other bacterial samples were received in connection with bathing places, semi-public water supplies, stream pollution studies, and other work of the Department. Experimental research work was conducted on the radioactivity of water supplies and on rainfall analysis. These research programs were in addition to the long series of experimental studies on the treatment of sewage. The amount of experimental and research work in industrial waste has increased, and, during the past year, twenty-nine waste problems were studied.

Approximately 5,000 samples were received by the Water and Sewage Laboratory in connection with the Department's general supervision of the quality of public water supplies and sewerage systems. In addition to these routine studies, special investigations were made into the following problems: the correction of corrosion and the prevention of scale formation in water distribution systems, the more effective chlorination of water supplies and sewage, and the control of tastes and odors in public water supplies.

DIVISION OF FOOD AND DRUGS

In the past three years, there has been developed a program of closer cooperation with local health departments and an expansion in inspectional and administrative services to include an educational program. The number of prosecutions for food and drug law violations has decreased from 106 in 1948 to 41 in 1952. In the past year, the number of hearings on food and drug violations decreased to 185. This was due to the increased activity of the supervision and education program in 1950 when there were 326 hearings held by the Division of Food and Drugs.

During the past year, the Division staff has carried on extensive work to stop the illegal sale of uninspected horse meat, and this unit, through inter-country cooperation, has brought about the modernization of Canadian lobster plants which ship their products into the Commonwealth. New serological tests for horse meat and pork products have been developed, the supervision

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of frozen prepacked meats shipped into the State has been increased and the establishment of better shellfish picking and shucking plants encouraged. The production of concentrated milk and low fat milk solids in the Commonwealth has also been observed with special interest.

Several special investigable problems have been undertaken, including a study of the high incidence of food infections in certain bakery products and the investigation of high bacterial counts in several special types of preserved egg ingredients. Research is being carried on better methods for the detection of the multitude of new narcotic substitutes.

For the protection of the public, an extensive amount of fire-damaged merchandise has been diverted from public consumption. A program of supervision and education has permitted the Division to accomplish a better handling of barbiturates and narcotics in the many nursing homes, boarding homes, and other health facilities supervised by the Department.

SUMMARY OF
MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
OUT-PATIENT SERVICES

1951-1952

Some of the benefits which resulted from the clinics offered by the Department of Public Health are indicated below in terms of discovery of disease in persons who did not know they had any defect and in terms of prevention of death and disability because of prompt diagnosis and treatment.

1. Venereal Disease Clinics. In the State cooperating venereal disease clinics there were a total of 4,199 persons examined. Of these, 2,261 (52.8%) were found to have definite infections and were therefore treated for same. An additional 483 persons (11.5%) were treated on the basis of suspicion only. 1,289 (30.7%) were found not to be infected and so did not need treatment.
2. Tuberculosis Mass Screening Clinics. The total of 111,359 persons x-rayed during the year revealed disease of some type in 2,525 persons who did not know previously they had the condition. The diseases found were as follows: pulmonary tuberculosis--725, suspected tuberculosis--271, pulmonary condition, not tuberculosis--364, heart disease--750, other conditions--415.
3. Cancer Clinics. Of the 4,471 persons examined in state-aided cancer clinics, 1,480 (33.1%) were found to have cancer. The stage of the disease in these 1,480 cases, which, of course, indicates the possibility of cure, was as follows: 891 (60.2%) were still localized and therefore had an excellent chance of cure; 363 (24.5%) had spread, but still remained fairly well localized; 82 (5.5%) had spread through the blood stream to distant areas of the body; and finally, 144 (9.7%) were cancers which had recurred.
4. Alcoholism Clinics. The disposition of 459 cases seen in the six cooperating clinics was as follows: 71 (15.5%) cases discharged as recovered or arrested; 33 (7.2%) cases closed as being referred to other facilities; 50 (10.9%) cases not accepted for treatment after initial interviews; 90 (19.6%) continued cases closed as uncooperative and unresponsive; 137 (29.8%) cases closed as lost or self-terminated; 78 (17.0%) cases still under care.
5. Health Protection Clinics. Data is as yet not available on the estimated 3,000 persons seen in 1951. Experience has shown, however, that even in apparently well persons many conditions remain hidden until revealed in a screening clinic such as the Health Protection Clinic. In the second session of this clinic, there were approximately 5,000 persons seen, of whom 62 percent were requested to visit their doctor for the care of previously unrecognized disease. The family physicians have reported on 1,400 of these persons and have said that 2,065 conditions were definitely present, or an average of 1.63 conditions per person. In other words, these conditions needing medical attention occurred in persons who were previously unaware of their defects and who were channelled by the Health Protection Clinic to their family physicians for care.

THE UNITED STATES OF AMERICA
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

WYOMING

TO THE SECRETARY OF THE INTERIOR, WASHINGTON, D. C.
FROM THE DISTRICT MANAGER, BUTTE, MONTANA
SUBJECT: LAND ACQUISITION FOR THE BUTTE NATIONAL MONUMENT
RE: BUTTE NATIONAL MONUMENT, BUTTE COUNTY, MONTANA

The following is a list of the lands which are being
acquired for the Butte National Monument, Butte County,
Montana. The lands are being acquired for the purpose
of preserving the natural resources of the monument
and for the benefit of the people of Montana.

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acquired for the Butte National Monument, Butte County,
Montana. The lands are being acquired for the purpose
of preserving the natural resources of the monument
and for the benefit of the people of Montana.

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TABLE I
COST OF CLINICS OPERATED BY
MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
1951-1952

Clinic Category	No. of Clinics	Total Cost	No. Patients Seen	Cost Per Patient	No. of Visits	Cost Per Visit
Venereal Disease	24	\$200,121.69	4,195	\$ 47.70	32,330	\$.67
Tuberculosis Mass Screening	81	125,129.44	111,359	1.13	111,359	1.13
Cancer	18	68,526.90	2,249	30.47	15,937	4.30
Alcoholism	6	48,702.03	459	106.10	7,265	.67
Health Protection Clinic	5	16,828.41	3,000	5.61	3,000	5.61
Crippled Children	12	4,040.68	1,935	2.09	3,576	1.13
Heart	4	13,840.00	4,396	3.15	10,000	1.38

Table I indicates the various out-patient department clinics which are operated throughout the Commonwealth with the assistance of, or complete support of the Massachusetts Department of Public Health. The cost per patient and cost per visit are given in this table as approximate figures. In some instances, the figure for the number of patients seen is the same as the number of visits made, e.g., Tuberculosis Mass Screening Clinics and Health Protection Clinic, since these clinics are operated on a one visit basis. Some other facts that should be noted are as follows: (1) In addition to the 111,359 persons x-rayed by the mass mobile units, there were also 232,000 x-rays taken in local health departments, with the equipment that was loaned by the Massachusetts Department of Public Health, or with federal funds granted to these agencies through the Department. The cost of these clinic services is not available. Finally there were 111,759 patients, both old and new, attending out-patient clinics in the various tuberculosis hospitals. Since the cost of these clinics is absorbed into the total operating cost of the hospital, no breakdown is available as to the cost per patient and the cost per visit. (2) The patients indicated in the category under cancer clinics are only those seen in the state-aided cancer clinics and do not include the 2,363 patients who made 15,813 visits to the out-patient clinics at Westfield and Pondville State Hospitals of the Department of Public Health. (3) The cost as given for the heart clinics indicates only the support given by the Commonwealth to these clinics for social service. The remainder of the cost for these clinics is provided by the hospital in which they are held.

TABLE II

BREAKDOWN OF CLINIC COST
INTO STATE AND FEDERAL APPROPRIATIONS
1951-1952

Clinic Category	State	Federal	Total
Venereal Disease	\$198,031.69	\$ 2,090.00	\$200,121.69
Tuberculosis Mass Screening	71,638.88	53,490.56	125,129.44
Cancer	42,148.55	26,378.25	68,526.90
Alcoholism	48,702.03	-----	48,702.03
Health Protection Clinic	16,828.41	-----	16,828.41
Heart	5,400.00	8,440.00	13,840.00

Table II gives the breakdown where available, of the total cost of clinics for the various categories divided into state and federal allocations. The Alcoholism and Health Protection Clinics are maintained solely on state funds. The cost of operating Crippled Children's Clinics cannot be broken down into state and federal allocations with the available data.

TABLE III

ATTENDANCE AT STATE-AIDED CANCER CLINICS
1947 through 1951

Year	Total individuals with new conditions	Individuals with first Cancer in Given Year	Percentage of Individuals with Cancer	Total Attendance New and Old Patients
1947	4,515	1,559	34.5	24,450
1948	4,837	1,593	32.9	26,074
1949	4,823	1,646	34.1	27,713
1950	4,757	1,658	34.9	27,551
1951	4,471*	1,469	32.9	26,799

*Preliminary Figure

Table III indicates the attendance of new patients at state-aided clinics throughout the Commonwealth for a period covering 1947 through 1951. The growth of these cancer clinics is obvious when one considers that in 1947, the beginning of the program, only 1,345 persons were examined of whom 294 had cancer. Since its beginning in 1927, the program has benefited nearly 100,000 persons who were found to have new conditions in the clinics. One-third of these conditions were cancer.

TABLE III

REVENUE FROM THE SALE OF
PUBLISHED MATERIALS
1940-1941

Year	1940	1941	Percentage Increase
Total	10,000,000	12,000,000	20%
Books	8,000,000	9,500,000	18.75%
Periodicals	2,000,000	2,500,000	25%
Maps	1,000,000	1,000,000	0%
Other	1,000,000	1,000,000	0%

The above figures are based on the following assumptions: (1) that the total number of copies of all publications sold in 1940 and 1941 was 100,000,000; (2) that the average price per copy was \$1.00; and (3) that the percentage of copies sold at a discount was 10%.

TABLE IV

REVENUE FROM THE SALE OF
PUBLISHED MATERIALS
1942-1943

Year	1942	1943	Percentage Increase
Total	12,000,000	14,000,000	16.67%
Books	10,000,000	11,500,000	15%
Periodicals	2,000,000	2,500,000	25%
Maps	1,000,000	1,000,000	0%
Other	1,000,000	1,000,000	0%

The above figures are based on the following assumptions: (1) that the total number of copies of all publications sold in 1942 and 1943 was 120,000,000; (2) that the average price per copy was \$1.00; and (3) that the percentage of copies sold at a discount was 10%.

RECOMMENDATIONS

INTERNAL ADMINISTRATION

Department Headquarters: The offices of the Department are scattered in eight buildings throughout Boston, thereby making it impossible to administer the Department effectively and efficiently. The housing of the Department in a single building, preferably with other departments such as Mental Health and the Boards of Registration of the various healing arts, would make it possible for both the public and other state officials to get more efficient and prompt action in the coordination of health activities.

IT IS, THEREFORE, RECOMMENDED THAT:

1. A building be constructed, preferably in Forest Hills adjacent to our Biologic Laboratories, to house the Department of Public Health and possibly the Departments of Mental Health and the various boards of registration of the healing arts.

2. Such a building should have sufficient conference and meeting rooms to enable the holding of professional and lay meetings on health, and sufficient parking facilities for the professional personnel and others who visit these departments.

Training: Because of the need for the recruitment of qualified, well-trained personnel and the necessity of keeping personnel who are already employed up-to-date in their knowledge of technical and social sciences, it is essential to develop further the training program of the department.

Under a grant from the W.K. Kellogg Foundation, the loan of professional personnel from the Public Health Service, and a special appropriation from the Children's Bureau of the Federal Security Administration, the Department has been able to initiate a basic program and establish training opportunities for sanitarians, nurses, medical social workers, and public health physicians.

However, this work must be gradually taken over on a permanent appropriation which will require establishing staff positions for professional members of the training team and increased opportunities for trainee participation in the program.

IT IS, THEREFORE, RECOMMENDED THAT:

1. Positions of Director and Assistant Director of the Division of Training be established, preferably from state appropriations.

2. The necessary technical staff consisting of supervising instructors in public health nursing, medical social work, health education, and environmental sanitation, be provided to insure coordinated and continuing pre-service and in-service programs in each of the above specialties.

3. Training positions with the necessary appropriations for stipends and expenses for 4 public health physicians, 4 public health nurses, 2 medical social workers, 2 health educators, and 4 environmental sanitation personnel be authorized.

Personnel:

[illegible][illegible][illegible][illegible][illegible]

1. The first step in the process of the investigation is the identification of the problem. This is done by the investigator who is assigned to the case. The investigator will then gather information about the problem and the people involved. This information will be used to develop a plan of action.

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A. The increased number of personnel in the Department, particularly with the development of the Lemuel Shattuck Hospital for Chronic Diseases, will increase the number of employees employed in the Department from 2,000 to 3,000 within the next year. If other activities are transferred to the Department of Public Health, as was indicated in the preliminary working documents on public health of the Special Commission on the Structure of State Government, the number of employees in the Department will be further increased.

To procure and to supervise adequately the handling of this personnel, IT IS, THEREFORE, RECOMMENDED THAT:

1. The Section of Personnel be under the direction of a Personnel Manager, Grade 57.

2. A person trained in the handling and procurement of personnel be employed in this capacity as soon as possible.

3. An Assistant Personnel Manager be employed in time to handle the increased load which can be expected with the opening of the Lemuel Shattuck Hospital and the possible transfer of other activities to the Department.

B. The success of the State public health program is dependent upon the quality of the Department personnel. The salaries of the health department personnel in the Commonwealth have not kept pace with the increases in salaries of health personnel in private practice in Massachusetts or with health personnel employed by other states or agencies. In addition, most of the senior personnel in this Department have been employed for periods of about 20 years and have built up equities in retirement and other benefits which they are extremely reluctant to forego. Many of them, however, will be retiring within the next two to five years. Because of the comparatively low salaries, it has been impossible to recruit and hold new personnel either as assistants to, or possible replacements for, these expected vacancies.

IT IS, THEREFORE, RECOMMENDED THAT:

1. Professional personnel be reclassified on a realistic basis making it possible to attract the most desirable persons. This is particularly true of public health physicians who have passed specialty boards in preventive medicine, and of professional personnel in the field of sanitary engineering. Some states, as well as the Armed Forces, provide a salary increment to these physicians who have been certified by specialty boards.

PROMOTIONAL PROGRAMS

Health Education: One of the prime responsibilities assigned to the Department of Public Health by the General Court is the collection and dissemination of information on health. People are more health conscious now than ever in the history of the country. Developments in the medical and social sciences, and the increased standards of living have made it profitable for people actively to seek better health. The demands made on this Department for added health information are constantly growing. Because of these rapid developments the State Department of Public Health has the obligation of making this information available to the public.

IT IS, THEREFORE, RECOMMENDED THAT:

1. The Division of Health Information be strengthened by the addition of more health educators.
2. The Department publish annually a popular version of an annual report.
3. The publications of the Department in their revised forms, namely the "Public Health Bulletin Board"--a weekly, the "Commonwealth"--a monthly, and the "Sanitalk"--a quarterly, be printed on good quality paper, in a sufficient number for wide distribution to all interested persons.

Home Accidents: Home accidents are the prime cause of death in children of school age, and accidents of all types were the fourth most important cause of death at all ages in Massachusetts in 1951. The costs mount high in permanent disabilities suffered in the loss of wages and services and in the cost of medical care. An Accident Prevention Program should, therefore, be designed particularly to prevent home accidents of children and the aged, and the accidents at play of school children, since these groups are particularly prone to accidents. Such a program would consist of health education developed with the assistance of the Department of Education, local health departments and other voluntary agencies, recreation and youth authorities, and safety engineers. The last group would be of assistance in planning the design of safe housing, particularly as it applies to the prevention of falls, burns, electrical shock, and the ingestion of poisons in the home, as well as ventilation, lighting, design of stairways and corridors, and medicine cabinets.

IT IS, THEREFORE, RECOMMENDED THAT:

1. An Accident Prevention Program, particularly applicable to home accidents, be developed in the Department of Public Health.
2. This program be coordinated with the Automobile Accident Prevention Program of the Registry of Motor Vehicles, the Safety Program of the Safety Council, and with similar programs of the Department of Labor and Industries, the Department of Agriculture, and other groups.

Dental Health: With one of the highest rates of decayed, filled, and missing teeth in the United States, Massachusetts needs to conduct by every possible means a program designed to lower this high incidence of dental disease.

IT IS, THEREFORE, RECOMMENDED THAT:

1. The health education program designed to encourage people to seek care from the family dentist be increased.
2. All preventive measures, particularly the fluoridation of public water supplies, and, where this is not possible, the topical application of fluorine to the teeth be encouraged.

MISCELLANEOUS PROGRAMS:

Prevention of Prematurity: The greatest cause of death among infants is prematurity, and because of this fact the Commonwealth has already provided

12. THE PROPOSED RESEARCH PROJECT

1. The purpose of this project is to determine the effect of the proposed research project on the health of the community.

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funds to assist parents, either through the State or local health departments, who cannot afford proper hospital care for such premature infants. This, however, is treatment of a condition already existent. Some cases of prematurity can be prevented.

IT IS, THEREFORE, RECOMMENDED THAT:

1. The Division of Maternal and Child Health develop, with the advice of the Massachusetts Medical Society and others, a program pointed toward the prevention of prematurity.

2. This program should contain the necessary recommendations for its implementation, including the development of such programs of postgraduate education, health education, or other services as may be indicated.

Health Screening Tests: The evaluation of the mass screening techniques used in the Health Protection Clinic has indicated the value of these procedures in the early detection of existing chronic illness. Sixty-two percent of over 10,000 apparently-well persons examined at the Health Protection Clinics in the past two years of operation have been referred to the family doctor for the care of previously unrecognized defects. The objective of this program is to accustom people to seek health supervision from their family doctor, particularly at the onset of early symptoms. This can best be achieved through the development of a multiple screening program available to all the people of the Commonwealth.

IT IS, THEREFORE, RECOMMENDED THAT:

1. The tuberculosis x-ray screening units be converted into multiple screening units to be known as the Health Screening Tests: that this program be expanded so that these multiple units could move into both urban and rural communities, into school buildings, auditoriums and other facilities which do not have the usual diagnostic facilities found in a hospital.

2. The local health departments and various voluntary health associations such as the tuberculosis and health associations, the local cancer societies, and others play an important role in the health education aspects of this program in order to organize the community in advance of the visit of the multiple screening tests units. After, the visit follow-up of the patients to see that they obtain the necessary care from the family physician would be important to the success of the program.

Center for Chronic Diseases and the Aging: It has been estimated that by 1970 fifteen percent of the population of the United States will be 65 years of age or over and in Massachusetts almost twenty percent of the population will have reached this age. Because chronic diseases are more prevalent among the older persons and because aging may interfere with persons remaining independent citizens, a center should be established in Massachusetts for the promotion of community programs designed to assist the chronically ill and the aged. The benefits of such a program would be designed to keep such persons off welfare and other assistance roles, to maintain their purchasing power, and their ability to pay taxes, and to participate in community activities. Such a program would include community aspects of early detection, primary and secondary prevention of heart disease, diabetes, cancer, arthritis, and other disabling

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diseases particularly those due to accidents, and would lower hospital and medical costs for progressive chronic illness.

Through consultation clinics and other facilities, the attending physician, on request, could obtain assistance in the diagnosis and care of such patients.

IT IS, THEREFORE, RECOMMENDED THAT:

1. A Chronic Disease Center be established in Massachusetts in conjunction with the Lemuel Shattuck Hospital for Chronic Diseases.

Alcoholism: Alcoholism is a major disease affecting adults, many of whom are wage earners. It is to the interest of the Commonwealth to take whatever measures are reasonable in the cure of the chronic alcoholic patient.

IT IS, THEREFORE, RECOMMENDED THAT:

1. Cooperative clinic facilities be set up throughout the Commonwealth as they are requested by interested groups and as facilities are developed to handle the local needs.

Rutland State Sanatorium: As the oldest state tuberculosis institution in the United States, Rutland is now not only hazardous because of obsolescence but, because of its location, is impracticable for both patient and physician. Two-thirds of all patients hospitalized here come from Metropolitan Boston.

IT IS, THEREFORE, RECOMMENDED THAT:

1. The Rutland State Sanatorium be rebuilt as a part of the Lemuel Shattuck Hospital for Chronic Diseases by the addition of 250 beds and the necessary housing for nurses and other facilities.

2. The present building be disposed of as soon as the new addition to the Lemuel Shattuck Hospital is ready to operate.

Westfield State Sanatorium: Additional facilities are needed in the Western part of the State for both tuberculosis and cancer cases.

IT IS, THEREFORE, RECOMMENDED THAT:

1. A 125-bed addition be built with the necessary supplemental facilities to meet in the Western part of the State, 100 of these beds for tuberculosis, 25 for cancer.

Civil Defense: A realistic approach to the development of a program designed to handle the expected casualties both living and dead and to provide for the safeguarding of the public health in case of enemy attack within the Commonwealth is indicated. This means the employment of a full-time Medical and Health Division headquarters staff and the necessary facilities for the setting up of emergency headquarters ready to operate at a moment's notice.

IT IS, THEREFORE, RECOMMENDED THAT:

1. Proper facilities, including offices, storage space for equipment and supplies, and communication system be set up in an area not subject to possible enemy attack, and that this be utilized in peace-time as the headquarters for the

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permanent staff which would be expanded in times of emergency by the addition of other health department personnel and volunteers.

2. Sufficient funds be appropriated for the purchase of equipment and supplies for all of the Sections of the Medical and Health Division. Supplies should be purchased for first-aid units, hospitals, especially improvised hospitals, mortuaries, laboratories, vital statistics units. There should be included blood and blood substitutes, drugs, antibiotics and biologicals for the prevention and control of communicable diseases, supplies for the safeguarding of environment, including water supplies, proper sewage disposal, etc.

3. The headquarters staff be employed on a full-time, permanent basis without other duties and without depriving the health department of much needed personnel. Such staff should consist of a medical director, assistant medical director, nursing consultant, sanitary engineering consultant, supply officer, administrative officer, and necessary clerical and office help.

Submitted with the application for a license to the State of New York, Department of Education, Albany, New York, this 1st day of January, 1900.

The undersigned hereby certifies that the foregoing is a true and correct copy of the original manuscript of the book entitled "The Principles of Psychology" by William James, as submitted to the State of New York, Department of Education, Albany, New York, for the purpose of obtaining a license to publish and sell the same in this State.

Witness my hand and seal of office at Albany, New York, this 1st day of January, 1900.

Respectfully submitted,

Vlado A. Getting, M.D.
Commissioner of Public Health

Paul F. Flaherty

William H. Griffin, D.M.D.

Paul J. Jaknauth, M.D.

Francis H. Lally, M.D.

Raymond L. Mutter

Charles F. Wilinsky, M.D.

Public Health Council

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DEPARTMENT OF PUBLIC HEALTH

FINANCIAL REPORT

FOR THE YEAR

ENDING JUNE 30, 1922

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ADDITIONS

DEDUCTIONS

STATE

Salaries, Personnel

- Salaries, Personnel
- Salaries, Non-Employees
- Travel Expenses
- Travel & Advertising Expenses
- Printing & Stationery
- Telephone Expenses
- Postage & Freight
- Office Supplies & Expenses
- Office Maintenance Expenses
- Boarding
- Meals

LABORATORY & MEDICAL

- Salaries, Personnel
- Salaries, Non-Employees
- Travel Expenses
- Laboratory, Medical & Gen. Care
- Travel & Advertising Expenses
- Advertising & Printing
- Telephone, Postage & Additions
- Office & Maintenance Expenses
- Boarding

STATE

Salaries

100-10000

100-10000

-01	Salaries, Supplement	200 150 00	100 220 00	20 000 00
-02	Salaries, Other	100 560 00	56 120 00	5 300 00
-03	Salaries, Non-Union	50 00	510 50	200 00
-04	Salaries, Union	650 00	150 00	400 00
-05	Salaries, Other	4 000 00	1 120 00	2 000 00
-06	Salaries, Individual & General	60 150 00	50 450 00	10 000 00
-07	Salaries, Other	11 000 00	17 250 00	700 00
-08	Salaries, Other	475 00	425 00	50 00
-09	Salaries, Other	0 000 00	0 000 00	0 00
-10	Salaries, Other	10 500 00	10 100 00	10 00
-11	Salaries, Other	50 00	---	---
-12	Salaries, Other	0 000 00	0 000 00	0 00
-13	Salaries, Other	10 579 00	10 170 00	10 00
-14	Salaries, Other	0 000 00	0 000 00	0 00

100-10000

100-10000

-01	Salaries, Other	15 050 00	14 000 00	1 000 00
-02	Salaries, Other	0 000 00	0 000 00	0 00
-03	Salaries, Other	00 000 00	15 000 00	12 225 00
-04	Salaries, Other	100 00	---	120 00
-05	Salaries, Other	1 100 00	300 00	600 00
-06	Salaries, Other	750 00	100 00	500 00
-07	Salaries, Other	200 00	30 00	150 00
-08	Salaries, Other	100 00	35 00	65 00
-09	Salaries, Other	775 00	000 00	700 00
-10	Salaries, Other	130 00	00 00	20 00
-11	Salaries, Other	2 000 00	200 00	1 500 00

REVISION

ADMINISTRATION

100-100

100-100

100-100

-01	Salaries, Permanent	56 400 00	40 835 29	5 124 71
-02	Salaries, Other	13 410 00	13 714 61	31 39
-03	Services, Non-Employees	100 00	14 50	33 30
-04	Heat & Other Plant Operation	362 00	---	33 00
-05	Travel & Automobile Expenses	3 710 00	3 530 00	1 100 00
-06	Advertising & Printing	340 00	177 87	33 00
-07	Repairs, Alterations & Additions	100 00	17 84	33 16
-08	Office & Administrative Expenses	1 575 00	1 571 27	3 00
-09	Postage	550 00	77 28	472 72
-10	Residual	3 524 00	3 441 00	3 00 00

RESEARCH DEPARTMENT

-01	Salaries, Permanent	67 210 00	67 210 00	0 00 00
-02	Salaries, Other	1 155 00	1 155 00	0 00 00
-03	Services, Non-Employees	14 000 00	14 000 00	---
-04	Laboratory, Medical & General Care	43 350 00	43 125 95	31 95
-05	Heat & Other Plant Operation	175 00	175 00	---
-06	Travel & Automobile	150 00	150 00	55 00
-07	Advertising & Printing	500 00	517 90	33 00
-08	Repairs, Alterations & Additions	100 00	100 00	---
-09	Special Supplies & Expenses	15 00	---	11 00
-10	Office & Administrative Expenses	1 595 00	1 509 95	33 00
-11	Postage	200 00	77 95	122 05
-12	Residual	11 195 00	11 195 00	---

RESEARCH DEPARTMENT

100-100

-01	Salaries, Permanent	7 140 00	4 756 43	0 00 57
-02	Salaries, Other	1 000 00	500 00	500 00
-03	Services, Non-Employees	200 00	7 122 00	28 00
-04	Laboratory, Medical & General Care	600 00	200 00	30 00
-05	Travel & Automobile Expenses	300 00	34 15	165 85
-06	Advertising & Printing	100 00	---	100 00
-07	Special Supplies & Expenses	20 00	248 00	33 00
-08	Office & Administrative Expenses	1 360 00	1 360 00	33 00



EXPENSE

EXPENSE

-01	Salaries, General	278 115 00	352 500 32	417 30
-02	Salaries, Other	22 205 00	2 505 00	---
-03	Salaries, Non-Employees	1 550 00	1 180 00	---
-04	Costs	25 00	---	---
-05	Printing	225 00	---	---
-06	Administrative, General & General Office	7 005 00	7 005 00	---
-07	Administrative, General Office	2 610 00	2 580 00	---
-08	Administrative, General Office	1 050 00	1 004 00	---
-09	Administrative, General Office	2 500 00	2 450 00	---
-10	Administrative, General Office	1 500 00	1 401 00	---
-11	Administrative, General Office	2 500 00	2 505 00	---
-12	Administrative, General Office	2 500 00	2 404 00	---
-13	Administrative, General Office	2 500 00	2 500 00	---
-14	Administrative, General Office	2 500 00	2 500 00	---
-15	Administrative, General Office	2 500 00	2 500 00	---
-16	Administrative, General Office	2 500 00	2 500 00	---

EXPENSE

2001

-01	Salaries, General	278 115 00	352 500 32	417 30
-02	Salaries, Other	22 205 00	2 505 00	---
-03	Salaries, Non-Employees	1 550 00	1 180 00	---
-04	Costs	25 00	---	---
-05	Printing	225 00	---	---
-06	Administrative, General & General Office	7 005 00	7 005 00	---
-07	Administrative, General Office	2 610 00	2 580 00	---
-08	Administrative, General Office	1 050 00	1 004 00	---
-09	Administrative, General Office	2 500 00	2 450 00	---
-10	Administrative, General Office	1 500 00	1 401 00	---
-11	Administrative, General Office	2 500 00	2 505 00	---
-12	Administrative, General Office	2 500 00	2 404 00	---
-13	Administrative, General Office	2 500 00	2 500 00	---
-14	Administrative, General Office	2 500 00	2 500 00	---
-15	Administrative, General Office	2 500 00	2 500 00	---
-16	Administrative, General Office	2 500 00	2 500 00	---



SPECIAL APPROPRIATIONS

EXPENDITURES

REVENUES

2020-21

STATE GENERAL FUND

-02 Salaries, Other	14 105 00	6 174 17	9 230 3
-03 Services, Non-Employees	1 000 00	---	1 000 00
-07 Laboratory, Medical & General Care	7 15 00	97 31	527 52
-10 Travel & Automobile Expenses	1 200 00	223 42	876 42
-11 Advertising & Printing	250 00	---	250 00
-14 Office & Administrative Expenses	115 00	14 56	222 44
-15 Rent	2 150 00	170 00	2 320 00

STATE OF KANSAS FUND

2015-22

-02 Salaries, Other	1 115 00	---	1 115 00
-07 Laboratory, Medical & Gen Care	115 00	---	115 00
-10 Travel & Automobile Expenses	200 00	---	200 00
-11 Advertising & Printing	15 00	---	15 00
-14 Office & Administrative Expenses	20 00	---	20 00
-15 Equipment	325 00	---	325 00
-18 Special Outlay	550 00	---	550 00

LAND & MINING AT LAWRENCE

MINING STATION 770-12

102 000 00	---	102 000 00
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TOTAL OF SPECIAL APPROPRIATIONS
TOTAL OF MAINTENANCE APPROPRIATIONS

424 500 00	6 777 92	427 722 02
3 007 527 90	2 229 260 90	1 528 267 00
3 432 027 90	2 846 038 82	585 956 18

TOTAL RECEIPTS FOR FIFTEEN MONTHS ENDED JUNE 30 1952

148 720 00



OFFICE

APPROPRIATION

EXPENDITURE

NEW YORK AREA DIVISION

-01 Salaries, Permanent	174 400 00	182 876 84	11 476 84
-02 Salaries, Other	10 200 00	10 204 86	4 86
-03 Services, Non-Employees	1 040 00	173 90	172 86
-06 House-keeping	617 00	190 98	426 02
-07 Laboratory, Medical & General Care	202 010 00	299 527 52	9 517 52
-08 Heat & Other Plant Operation	5 900 00	5 496 72	403 28
-09 Travel & Automobile Expenses	260 00	640 00	380 00
-11 Advertising & Printing	1 250 00	1 072 96	177 04
-12 Repairs, Alterations & Additions	1 615 00	1 181 20	433 80
-14 Office & Administrative Expenses	11 630 00	11 192 88	437 12
-15 Equipment	630 00	522 85	107 15
-16 Rental	1 510 00	1 404 00	106 00

ALBANY

2-28-50

-02 Salaries, Other	5 370 00	6 238 75	868 75
-03 Services, Non-Employees	2 500 00	2 400 00	100 00
-07 Laboratory, Medical & General Care	55 700 00	51 444 40	4 255 60
-08 Heat & Other Plant Operation	100 00	100 00	0
-10 Travel & Automobile Expenses	600 00	589 78	10 22
-11 Advertising & Printing	700 00	306 95	393 05
-12 Repairs, Alterations & Additions	25 00	14 12	10 88
-14 Office & Administrative Expenses	505 00	512 77	7 77
-15 Equipment	200 00	169 50	30 50
-16 Rental	480 00	480 00	0

NEW BRUNSWICK INVESTIGATION

2-28-50

-03 Services, Non-Employees	220 00	270 00	50 00
-10 Travel & Automobile Expenses	600 00	413 78	186 22
-16 Special Outlay	5 500 00	5 500 00	0

GRAND TOTALS

3 007 527 00

3 829 260 00

182 267 00

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YEARLY FINANCIAL REPORT - FUND BALANCE AND OTHER GRANTS
 12 MONTHS ENDING JUNE 30, 1952

ACCOUNT	1952 APPROPRIATION	1952 EXPENDITURE	1952 BALANCE	ENCUMBERED	UNENCUMBERED BALANCE
WASH. STATE - SUPPLIES COVERED					
Rapid Treatment	\$ 8 239 23	\$ 2 912 14	\$ 5 327 09	\$ 1 008 00	\$ 4 319 09
Kassermann Laboratory	2 515 08	2 513 03	2 05	---	2 05
Refunds A/C Previous Years	160 00	---	160 00	---	160 00
TOTAL	\$10 914 31	\$5 425 17	\$5 489 14	\$1 008 00	\$4 481 14
WASH. STATE - CANCER CONTROL					
General Administration	\$ 7 873 83	\$ 7 733 99	\$ 139 34	\$ 87 62	\$ 52 22
Personnel	200 00	113 50	86 50	---	86 50
Health Information	11 885 92	10 160 02	1 725 90	1 455 84	270 06
Fiscal	3 394 06	2 792 59	594 47	76 25	524 22
Cancer Pool	1 315 00	485 41	829 59	211 79	617 80
Cancer & Other Chronic Diseases	88 112 86	77 551 21	10 561 55	9 575 70	985 95
Training Personnel	854 17	229 17	625 00	625 00	---
Southeastern District	101 82	59 71	42 11	---	42 11
South Central District	110 53	39 02	73 46	---	73 46
TOTAL	\$13 640 24	\$9 197 62	\$4 650 62	\$12 027 20	\$2 624 42
WASH. STATE - GENERAL HEALTH					
General Administration	\$ 27 988 88	\$ 20 930 63	\$ 7 056 35	\$ 2 531 93	\$ 4 524 42
Personnel	1 265 44	627 72	637 72	513 30	121 42
Health Information	15 515 72	13 331 05	2 184 67	1 813 20	321 47
Fiscal	20 969 48	20 371 97	597 51	211 96	385 55
Cancer Pool	3 610 00	2 674 94	935 06	385 22	549 84
Nursing	9 580 53	6 201 80	3 378 73	330 34	3 048 39
Nutrition	592 50	317 69	274 81	274 17	64
Social Services	120 00	47 08	72 92	25 10	47 82
Toxicologic Laboratory	20 00	---	20 00	---	20 00
Controlling Laboratory	23 937 63	20 308 78	3 628 85	3 355 32	273 53
Public Health	6 934 29	4 361 93	2 572 36	2 572 36	---
Dasha	10 000 00	10 000 00	---	---	---
Epidemiology	1 000 00	1 000 00	---	---	---
Problems	455 99	455 00	99	---	99
Local Health	24 243 50	22 441 49	1 751 11	1 719 57	31 54
Southeastern District	5 932 56	5 114 23	818 33	331 24	487 09



YEARLY FINANCIAL REPORT - FEDERAL AND OTHER GRANTS

ACCOUNT NUMBER	NAME	1952 APPROPRIATION	1952 EXPENDITURES	1952 BALANCE	ENCUMBERED	UNENCUMBERED BALANCE
	South Metropolitan District	6 394 63	6 104 79	289 84	230 99	58 85
	North Metropolitan District	6 757 30	6 511 70	245 60	122 98	122 62
	South Eastern District	6 373 47	5 430 11	942 66	422 33	520 33
	South Central District	10 425 92	6 378 14	2 047 78	1 485 70	562 08
	North Central District	6 246 94	5 612 45	634 49	462 42	172 07
	Connecticut Valley District	4 294 24	4 000 54	293 70	123 40	170 30
	Longshore District	5 241 09	4 609 87	631 22	266 36	364 86
	Unallocable	8 790 65	7 200 53	1 590 12	1 223 87	366 25
	Training Personnel	29 600 44	25 980 58	3 619 86	3 475 00	144 86
	Religious Foundation Trust Fund	6 193 96	5 600 28	593 68	347 03	246 65
	Sanitary Engineering Central	42 933 87	34 124 23	8 809 64	8 052 51	757 13
	Lawrence Engineering Station	5 681 03	5 179 03	502 00	502 00	---
	Water Laboratory	7 984 25	7 980 49	3 76	---	3 76
	Admet Laboratory	11 184 86	11 178 94	5 92	---	5 92
	Diagnostic Laboratory	2 763 41	2 344 86	418 55	---	418 55
	Food & Drug Central	7 572 02	7 330 80	241 22	241 22	---
	Food & Drug Laboratory	9 360 79	9 285 43	75 36	73 97	21 69
	Sanitation	23 584 12	22 850 93	733 19	422 86	246 23
	Occupational Hygiene	17 726 89	16 863 56	863 33	635 29	228 04
	Refers A/C Previous Years	38 08	---	38 08	---	38 08
	TOTAL	373 314 58	337 775 17	43 539 41	392 182 44	41 436 97
215-10000	F. I. C. - CHILDREN A					
	Central Administration					
	Fiscal Office	\$ 1 848 38	1 848 38	---	---	---
	Gar Pool	12 130 83	11 822 16	208 67	79 54	129 13
	Local Health Central	3 995 00	2 621 19	1 373 51	1 11	555 20
	South Eastern District	11 059 76	9 997 37	1 062 39	---	150 00
	South Metropolitan District	4 300 11	4 212 98	87 13	63 70	760 15
	Northeastern District	25 00	---	25 00	---	23 35
	North Central District	4 236 20	4 010 90	225 02	---	25 00
	South Central District	3 665 00	9 600 16	64 84	3 19	50 00
	North Central District	10 914 70	10 421 65	493 05	352 44	25 65
	Connecticut Valley	4 902 08	2 982 77	1 919 31	35 05	140 61
	Connecticut District	4 418 10	4 302 06	116 04	62 42	1 884 06
	Maternal & Child Health	93 656 93	67 213 10	26 443 83	25 082 86	53 62
	Training Personnel	316 00	---	250 00	---	1 300 97
	Pittsfield Hospital	905 33	740 03	165 27	165 27	150 00
	TOTAL	228 532 22	173 937 16	54 585 06	57 182 13	1 714
	Gringled Children & Federal Health	228 532 22	173 937 16	54 585 06	57 182 13	1 714

Y. S. S. FINANCIAL REPORT - FEDERAL AND OTHER GRANTS

ACCOUNT	EXP.	1952 APPROPRIATION	1952 EXPENDITURES	1952 BALANCE	ENCUMBERED	UNRECOVERED BALANCE
South Metropolitan District	2 553 17	2 553 17		---	---	---
North Metropolitan District	2 730 00	2 730 00		---	---	---
Northeastern District	2 724 77	2 656 64		68 13	---	68 13
North Central District	525 93	496 30		29 63	---	29 63
Connecticut Valley	3 840 87	3 775 12		65 75	5 00	60 75
Harvard School Public Health	1 034 33	612 00		422 33	57 62	364 71
So. Worcester County Health Association	1 155 00	---		1 155 00	1 155 00	---
Training Personnel	959 76	170 83		788 93	500 00	288 93
Werkshire District	104 76	92 34		12 42	---	12 42
Refunds A/C Previous Years	211 20	---		211 20	---	211 20
TOTAL	2246 350 17	2201 529 36		244 821 11	411 306 67	3 512 44
4224-00-00 F. S. S. - WATER POLLUTION CONTROL						
Central Administration	167 356 32	16 793 89		552 43	3 82 55	88
Lawrence Experimental Station	3 090 77	3 127 04		563 73	389 00	174 73
Water Sewerage	731 02	692 92		38 10	---	38 10
Amherst Laboratory	60 00	---		60 00	---	60 00
TOTAL	21 738 11	220 523 85		11 214 26	4 1 55	1742 71
4223-00-00 F. S. S. - HART DISTANCE CONTROL						
Central Administration	1 140 00	1 167 11		272 39	---	272 39
Personnel	100 00	---		100 00	---	100 00
Health Information	7 760 99	3 790 42		1 962 58	1 790 00	177 58
Also:	2 984 15	2 513 74		464 41	164 41	---
Heart Disease	33 921 42	23 239 22		5 683 20	786 84	4 896 36
Health Protection	352 33	352 33		---	---	---
Training Personnel	5 603 49	4 684 82		918 67	625 00	293 67
Newton Health Department	125 00	125 00		---	---	---
TOTAL	250 287 30	240 113 13		3 379 25	5 306 25	15 00
4225-00-00 F. S. S. - COMMUNITY RELATIONS PROGRAM						
National Social Security Program	4 441 89	4 441 32		536 57	---	536 57
Administrative Center	56 427 63	57 159 59		8 645 04	7 873 75	723 29
Telephone	1 375 00	4 300 00		375 00	375 00	---
W. H. Fellowship	3 700 00	5 000 00		---	---	---
W. H. Fellowship	200 00	200 00		---	---	---
TOTAL	192 024 52	202 467 91		9 550 61	8 253 75	1 800 86

YEARLY FINANCIAL REPORT - FEDERAL AND OTHER GRANTS

ACCOUNT	NAME	1952 APPROPRIATION	1952 EXPENDITURES	1952 BALANCE	ENCUMBERED	UNEXPENDED
L220-00-00	U.S.S.G. - MENTAL & CHILD HEALTH					
	FUND B					
	Medical Social Training	\$ 23 000 00	\$ 16 926 68	\$ 6 073 32	\$ 5 054 62	\$ 1 018 70
	Harvard School Public Health	98 631 02	76 444 41	22 186 61	19 101 23	3 085 38
	M. M. Maternal Nursing	3 600 00	---	3 600 00	3 600 00	---
	M. M. School Nursing	8 360 98	2 523 30	5 837 68	5 837 68	---
	Versyth Dental	75 00	---	75 00	---	75 00
	M. M. Pediatric	5 200 00	1 886 80	6 313 20	---	6 313 20
	Epilepsy Program	25 000 00	18 350 57	6 649 43	3 925 43	2 724 00
	Epilepsy Fellowship	2 400 00	2 000 00	400 00	400 00	---
	Refunds A/C Previous Years	5 19	---	5 19	---	5 19
	TOTAL	159 272 19	113 131 76	45 140 43	37 916 96	13 221 47
L221-00-00	U.S.S.G. - HOSPITAL SURVEY & PLANNING					
	Bar Pool	\$ 243 49	\$ 19 91	\$ 223 58	\$ 218 58	\$ 5 00
	Hospital Survey	12 753 95	12 360 80	393 15	---	393 15
	TOTAL	12 997 44	12 380 71	615 73	21 58	615 15
L222-00-00	U.S.S.G. - LABORATORY EQUIPMENT	34 935 35	---	34 935 35	---	34 935 35
L223-00-00	U.S.S.G. - FLOOD ANTIBODIES INDIAN	1430 14	1430 14	---	---	---
L224-00-00	U.S.S.G. - FLUENT RESEARCH PROJECT	4 010 10	3 541 23	468 87	---	468 87
L225-00-00	U.S.S.G. - WATER POLLUTION RESEARCH	15 735 32	4 564 43	10 870 89	21 81	10 050 08
L231-00-00	U.S.S.G. RESEARCH PROJECT	6 350 00	4 322 75	2 021 25	---	2 021 25
L232-00-00	U.S.S.G. - DIARRHEAL DISEASE RESEARCH PROJECT	420 620 00	15 153 53	45 466 47	45 259 60	420 678
L235-00-00	U.S.S.G. RESEARCH PROJECT	49 097 36	39 519 01	99 576 35	---	99 576 35
L237-00-00	U.S.S.G. RESEARCH PROJECT	440 008 82	30 357 33	49 651 49	---	49 651 49
	Refunds A/C Previous Years	36 65	---	36 65	---	36 65
	TOTAL	140 002 47	89 389 50	50 612 97	---	50 612 97
L238-00-00	U.S.S.G. - FEDERAL & OTHER GRANTS	685 725 67	41 348 651 36	644 376 01	406 936 19	11 439 82

1954

FORTIETH ANNUAL REPORT

of the

Mass. DEPARTMENT OF PUBLIC HEALTH

July 1, 1953 to June 30, 1954

filed with

THE SECRETARY OF THE COMMONWEALTH

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MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
Fiscal Year Ending June 30, 1954

* * * * *

Commissioner of Public Health Samuel B. Kirkwood, M.D.

PUBLIC HEALTH COUNCIL

Samuel B. Kirkwood, M.D., Chairman

Paul F. Flaherty, 1950-56	Conrad Wesselhoeft, M.D., 1953-60
William H. Griffin, D.M.D., 1945-57	Raymond L. Mutter, 1947-59
Paul J. Jakmauh, M.D., 1949-55	Charles F. Wilinsky, M.D., 1946-58
Florence L. Wall, Secretary to the Council	

BUREAU OF ADMINISTRATION

Division of Administration	Under direction of Commissioner
Section of Fiscal Management	Section Chief, Harry W. Attwood
Section of Nursing	Section Chief, Ethel C. Brooks, R.N., B.S.
Section of Nutrition	Section Chief, Dorothea Nicoll, M.S.
Section of Personnel	Section Chief, Mary Carr Baker, B.A., M.P.H.
Section of Social Service	Section Chief, Catherine M. Casey
Division of Health Information	Director, Louis Cohen, M.D., M.P.H.
Division of Training	Director, Leon A. Bradley, Ph.D.

BUREAU OF INSTITUTIONS

Division of Tuberculosis & Sanatoria	Alton S. Pope, M.D., Dr. P.H., Deputy Commissioner and Director
Division of Cancer & Other Chronic Diseases	Director, Herbert L. Lombard, M.D., M.P.H.
Division of Hospitals	Director, A. Daniel Rubenstein, M.D., M.P.H.
Institute of Laboratories	Superintendent, Johannes Ipsen, M.D., M.P.H.
Biologic Laboratory Section	Director, James A. McComb, D.V.M.
Diagnostic Laboratory Section	Director, Robert A. MacCready, M.D.

BUREAU OF PREVENTIVE MEDICINE

Division of Local Health Administration	Robert E. Archibald, M.D., M.P.H., Deputy Commissioner & Director
Division of Alcoholism	Director, James B. Moloney, M.D.
Division of Communicable Diseases	Director, Roy F. Feemster, M.D., Dr. P.H.
Division of Dental Health	Director, William D. Wellock, D.M.D., M.P.H.
Division of Maternal & Child Health	Director, R. Gerald Rice, M.D., M.P.H.
Crippled Children Services	Supervisor, Janice Rafuse, M.D., M.P.H.
Division of Venereal Diseases	Director, Nicholas J. Fiumara, M.D., M.P.H.

BUREAU OF ENVIRONMENTAL SANITATION

Division of Sanitary
Engineering
Division of Food & Drugs

Clarence I. Sterling, Jr., C.E.
Deputy Commissioner & Director
Director, George A. Michael

STATE DISTRICT HEALTH OFFICERS

Southeastern District
South Metropolitan District
North Metropolitan District
Northeastern District
South Central District
North Central District
Connecticut Valley District
Berkshire District

Grace E. Lutman, M.D., Dr.P.H.
Grace E. Lutman, M.D., Dr.P.H.
Gilbert E. Gayler, M.D.
Walter E. Pennell, M.D., M.P.H.
Gilbert E. Gayler, M.D., M.P.H.
Arthur E. Burke, M.D., M.P.H.
Walter W. Lee, M.D., M.P.H.
Walter W. Lee, M.D., M.P.H.

INSTITUTIONS AND SUPERINTENDENTS

Lakeville State Sanatorium
North Reading State Sanatorium
Rutland State Sanatorium
Westfield State Sanatorium
Pondville Hospital
Lemuel Shattuck Hospital

Harry A. Clark, M.D.
Claire W. Twinam, M.D.
Paul Dufault, M.D.
Wilson W. Knowlton, M.D., M.P.H.
George L. Parker, M.D.
William H.H. Turville, M.D.

3.

ANNUAL REPORT OF PUBLIC HEALTH COUNCIL

Samuel B. Kirkwood, M.D., Chairman

Personnel

It is with deep regret that we record the death of our colleague, Dr. Francis H. Lally, of Milford, who passed away on August 4, 1953, after serving the Commonwealth faithfully as a member of the Public Health Council since 1924. At a meeting on August 25, 1953, the Public Health Council adopted the following resolutions:

IN MEMORIAM

FRANCIS H. LALLY, M.D.

WHEREAS, God in His Infinite Wisdom has called from our midst to his eternal rest our good friend for many years and fellow member of the Public Health Council, Francis H. Lally, M.D., and

WHEREAS, his friends and associates feel a deep sense of personal loss in the death of one who did so much to help further the health and welfare of the people of the Commonwealth by his service on the Public Health Council for twenty-nine years, and

WHEREAS, in our many contacts with him we were privileged to have an insight into his qualities of tact, integrity and devotion to high ideals, and

WHEREAS, he gave of himself and his time unselfishly and willingly in order that the people of this Commonwealth might benefit from his wisdom;

THEREFORE, BE IT RESOLVED:

That this expression of great loss be written on the records of the Department of Public Health in the minutes of August 25, 1953, and that a copy of these resolutions as well as a message of deep sympathy be forwarded to his family.

On December 15, 1953, Dr. Conrad Wesselhoeft of Boston was appointed by Governor Herter to fill the unexpired term of Dr. Lally, and on May 1, 1954, Dr. Wesselhoeft was reappointed for a six-year term as a member of the Public Health Council.

Meetings

Regular monthly meetings were held in accordance with General Laws, Chapter 17, Section 3. The May, 1954, meeting was held at Pondville Hospital, and the regular June meeting was held on the 15th at Amherst. An additional meeting was held at Gloucester on August 25, 1953; in connection with this meeting an inspection was made of the site of the new Putnamville Reservoir of the Salem-Beverly water supply and of the water filtration plant on Wenham Lake. On June 16, 1954, the Council participated in the Eighth Annual Health Conference, at Amherst, sponsored by this Department, the Massachusetts Public Health Association and the University of Massachusetts. On June 17, 1954, the Council met at the Department's district office in Pittsfield, giving the Council an opportunity to confer with the district staff.

The Committee on Environmental Sanitation, composed of Dr. Jakmauh, Chairman, Mr. Mutter, and the Commissioner, has met regularly during the year prior to the regular Council meetings to study matters of sanitary significance and prepare recommendations on these matters for presentation to the full meeting of the Council.

General Duties

The Council has carried out its regular duties under authority of General Laws, Chapter 111, Section 3, and other statutes. These duties include the approval and licensing of hospitals, convalescent and nursing homes, boarding homes for the aged, public medical institutions, city and town infirmaries, dispensaries, and dental clinics; the certification of laboratories which meet the Department's minimum standards; approval of appointments of professional personnel in the Department and at State and county sanatoria; approval of contracts between Medical Milk Commissions and dairies for the production and sale of certified milk; approval of food regulations of several local communities which submit their regulations under authority of General Laws, Chapter 94, Section 146; advice to cities and towns and official agencies on sanitary problems of water supply, sewage disposal, nuisances, and prevention of pollution of inland and tidal waters; and approval of out-of-State shellfish dealers who have been approved by their respective state shellfish authorities and certified by the Public Health Service.

Contracts were approved and signed on behalf of the Commonwealth for the care of tuberculosis patients at State and county sanatoria, and for care at the Massachusetts General Hospital of persons suffering from chronic rheumatism. Contracts were also signed for the following work at the Department's institutions; additions and alterations to the Hyams Laboratory; improvements to the sewerage system and fire protection system at North Reading State Sanatorium; a new elevator, an x-ray generator, and boiler conversion work at Pondville Hospital and remodeling of the old

laundry building at this hospital; and for remodeling the former nurses' home into physicians quarters at Lakeville State Sanatorium. There was also approved and signed a cooperative agreement between the Commonwealth and the United States Geological Survey for investigation of water resources and stream gaging work.

In addition, various agreements were made: for a training project in maternal and child health at Harvard School of Public Health, for social service assistance at the Crippled Children's Clinic at Pittsfield General Hospital, for a consultant at the Children's Medical Center, and for the loan of certain dental equipment to Tufts College Dental School. An agreement was signed with Boston University relative to a special project for intensive medical care to diabetic pregnant women.

Special Activities

In view of the anticipated opening of the Lemuel Shattuck Hospital early in the next fiscal year the Public Health Council on November 24, 1953, established rates to be charged for treatment of patients at this hospital and re-established the rates at Pondville Hospital and the Cancer Section of Westfield State Sanatorium to correspond with the Lemuel Shattuck Hospital rates.

On February 9, 1954, Mr. Francis H. Kingsbury, Sanitary Engineer, was designated under General Laws, Chapter 252, Section 2, as the Department employee on the State Reclamation Board, effective upon the retirement from the State service on February 28, 1954, of Mr. Edward Wright, the Department representative on this Board since 1930; and Mr. Kingsbury's appointment was subsequently confirmed by the Governor and Council.

On four occasions during the year when communities made no definite efforts to construct necessary sewage treatment works after repeated attempts on the part of the Department, it was necessary to invoke the Department's authority under Chapter 552 of the Acts of 1951 and request the Director of Accounts of the Department of Corporations and Taxation to hold public hearings to determine the ability of these communities to finance necessary sewerage works to prevent pollution of streams.

On June 15, 1954, certain changes were approved in the boundaries of the health districts of the State. Effective July 1, 1954, the former eight districts will be consolidated into five districts which will be known as the Southeastern District, the Northeastern District, the Fitchburg-Central District, the Worcester-Central District, and the Western District.

Public Hearings

A public hearing was held by the Council on January 12, 1954, on an appeal of a milk dealer from the action of a local health department in excluding him from selling milk in that community.

Under authority of Chapter 152 of the Acts of 1946 the Director of the Division of Sanitary Engineering conducted six public hearings on the acquisition of lands for the protection of public water supplies of Springfield, Norwood, Mansfield, Attleboro and Leicester, and six public hearings relative to sewerage and sewage treatment works for the towns of Ipswich, Andover, Warren, Dartmouth, West Springfield, and Deerfield. The information submitted at these hearings was presented to subsequent meetings of the Council for action.

Regulations

On August 25, 1953 the Department's Regulations for Physical Examination of School Children were amended. These regulations were further amended on March 9, 1954 to require annual testing of the vision and hearing of children in the public schools.

On October 20, 1953, the Pasteurization Regulations of the Department were amended to permit under certain conditions in-place cleaning of pipe lines on pasteurizing equipment.

On December 15, 1953 the Regulations relative to the Distribution of Biologic Products were amended to permit other representatives of the Department in addition to District Health Officers to inspect biologic distribution stations. At the same time, these and the Regulations relative to the Sale of Surplus Biologic Products were amended by the substitution of the designation "Institute of Laboratories" for the former "Division of Biologic Laboratories".

Revised rules and regulations governing the administration of the institutions under the supervision of the Department were adopted on May 11, 1954.

Hospital Survey and Construction

Under the Hill-Burton program (Hospital Survey and Construction) the split project technique in the allotment of funds, which had been instituted in September, 1951, and discontinued in 1953 at the request of the Public Health Service, was again put into effect on March 9, 1954, in accordance with a directive of the Public Health Service again authorizing this procedure.

Approval was given during the year to applications from the following hospitals for financial assistance in construction or equipment, each project having been previously considered by the State Advisory Council for the Administration of the Hospital Survey and Construction Act:

Henry Heywood Memorial Hospital, Gardner, for alterations and additions to improve various services
Hunt Memorial Hospital, Danvers, for a new 45-bed general hospital in a new location
Lynn Hospital, for additions and alterations to present facility
Massachusetts General Hospital, Boston, for a new pathology laboratory building
Burbank Hospital, Fitchburg, for addition to present facility.

Legislative Studies

Reports were prepared and filed with the Legislature under authority of various resolves passed by the 1953 Legislature, as follows:

An investigation relative to the improvement of conditions at Furnace Pond in the town of Pembroke, made by this Department and the Department of Public Works, acting as a joint board under Chapter 39;

An investigation relative to the improvement of Musquashiat Pond, Scituate, made by this Department, the Department of Public Works and the State Reclamation Board, acting as a joint board under Chapter 40;

An investigation of Straits Pond in the towns of Hull and Cohasset, made by this Department, the State Reclamation Board and the Port of Boston Authority, acting as a joint board under Chapter 41;

An investigation relative to the extension of the North Metropolitan Sewerage District to include the town of Wilmington, made by this Department and the Metropolitan District Commission, acting as a joint board under Chapter 43;

A study of the condition of Spy Pond, Arlington, made by a joint board consisting of the Metropolitan District Commission, the Department of Public Works, and this Department, under Chapter 24.

Acceptance of Report

At a meeting of the Department on November 9, 1954, the Commissioner presented to the Council a report of the Department of Public Health for the fiscal year 1954, and it was voted that this report, together with the foregoing brief summary of the activities of the Public Health Council, be approved and adopted as the report of the Department of Public Health for the fiscal year 1954.

FORTIETH ANNUAL REPORT OF THE COMMISSIONER OF PUBLIC HEALTH

To the Public Health Council:

Gentlemen:

I have the honor to submit the fortieth annual report of the Department of Public Health, for the fiscal year ending June 30, 1954.

BUREAU OF ADMINISTRATION

World Health Organization

At the invitation of the World Health Organization in cooperation with the Belgian Government the Commissioner was invited to Geneva and Brussels in September, 1953 to participate in a study of perinatal problems and attend a National Congress in Belgium on perinatal problems. This was attended by obstetricians from all of the Scandinavian countries, England, France, Belgium and the Netherlands. The Massachusetts Commissioner of Public Health was the only representative from the United States.

RECOMMENDATIONS FOR LEGISLATION

The following is the legislation to be submitted to the General Court by the Department during the next fiscal year:

1. AN ACT PROVIDING FOR THE TREATMENT OF MUSCULAR DYSTROPHY AT LAKEVILLE STATE SANATORIUM. The treatment of muscular dystrophy at the Lakeville State Sanatorium was permitted by chapter 383 of the acts of 1953. This permission was inadvertently omitted by chapter 538 of the acts of 1954. Because of the reorganization and integration of the institutions under the control of the Department of Public Health, a flexibility in the place of treatment of muscular dystrophy is desired. For that reason, permission to treat muscular dystrophy at Lakeville State Sanatorium is requested.

2. AN ACT RELATIVE TO THE IMPORTATION OF SHELLFISH. Chapter 130 of the General Laws requires that other states and foreign countries file with the Department of Public Health a certificate relative to the sanitary condition of areas from which shellfish are taken for interstate or international shipment. The Public Health Service has a similar requirement. Massachusetts is the only state which requires that a foreign country certify directly to the state relative to this matter; other states accept the certification made to the Public Health Service. It is believed that certification should be made only at the national level and that Massachusetts should accept the certification on file with the Public Health Service. The Public Health Service will maintain its full control over interstate and international shipments of shellfish. The only change proposed is that certification will not be made directly to the Commonwealth but at the national level and notice forwarded by the Public Health Service to the Commonwealth.

3. AN ACT PROVIDING AUTHORITY FOR THE DEPARTMENT OF PUBLIC HEALTH TO IMMEDIATELY DESIGNATE SHELLFISH AREAS AS CONTAMINATED IN THE EVENT OF EMERGENCIES. At the present time the Department does not have the right to close shellfish areas without making an examination, collecting samples of the shellfish and overlying waters, posting the area and publishing the results in the newspaper. In the case of an emergency, such as a hurricane, where there is a danger that sewage pumping stations and sewage treatment plants will not operate due to power failure or where emergency outlets are in use, difficulties result in pollution of shellfish areas which would not ordinarily occur. For the protection of the health of the people of the Commonwealth, the Department should have the power to shut off immediately the contaminated area until subsequent samples show that the shellfish obtained therefrom is safe for human consumption.

4. AN ACT EXTENDING THE AUTHORITY OF THE DEPARTMENT OF PUBLIC HEALTH TO REGULATE METHODS OF HANDLING AND DISPOSING OF RADIO-ACTIVE MATERIALS. The Department of Public Health has been

designated by the Atomic Energy Commission as the agency to supervise the use and disposal of radioactive materials furnished through the Commission. Inspections have shown that the vast majority of users are well qualified and have adequate equipment to handle radiosotopes safely. However, in several instances it has been noted that unsafe practices were employed and that inadequate safety procedures were available. These conditions have been corrected through the cooperation of all interested parties. In view of the fact that numerous radioactive products are being brought into the Commonwealth and that the Federal Government has adopted legislation which permits private use of radioactive materials, it has become increasingly important to pass this legislation.

5. AN ACT RELATIVE TO THE DEFINITION OF CANNABIS.

One of our biggest problems in the enforcement of the drug laws and in making analyses for the police departments has to do with the part which applies to cannabis. The Department recommends the following changes in the narcotic law: the repeal of section 206 and the amendment of section 197 of chapter 94 of the General Laws. Section 206, in the opinion of the Department, only creates another loophole wherein it is possible to escape the penalty of the narcotic laws, in that the enforcement officer must prove that the sample contains more than one-half grain of extract of cannabis in a fluid ounce in the case of a liquid, or an avoirdupois ounce in the case of a solid. The amendment to section 197 would include a change in the definition of cannabis, inasmuch as the defendant in a narcotic case can insist that the enforcement officer prove that the sample comes from the dried flower and tops of the pistillate plant cannabis sativa L. or that it contains the resin from such tops or other compounds from such tops. When the sample is received by our laboratory for police analysis, it is an actual impossibility to prove that it originated from the flowering tops. Inasmuch as many of the leaves of the plant contain the resin, it actually excludes from the law certain portions of the plant bearing a narcotic property.

6. AN ACT RELATIVE TO POULTRY SLAUGHTERING HOUSES.

During the 1945 legislative session, section 139A of chapter 94 was enacted which required that poultry slaughterhouses be licensed and meet the standards for sanitary conditions promulgated by this Department. This section was amended by chapter 339 of the acts of 1948 which excluded from the law persons who were engaged in the production of poultry in the Commonwealth as long as the poultry or turkeys were produced on their own farms or owned by them not less than two weeks prior to slaughter. Inasmuch as a person, excluded by the 1948 amendment, may purchase poultry and two weeks thereafter slaughter them in an unlicensed slaughterhouse over which there is very little control by health agencies, the Department recommends the amendment to eliminate this section which gave an exemption from the licensing requirement by mere owning of the poultry for two weeks.

1954 Legislation

The following legislation of particular interest to public health was enacted into law by the 1954 Legislature:

Chapter

- 44 - An act relative to physical examination and treatment of certain minors
- 92 - An act defining coastal waters as used in the laws relating to fisheries and game
- 118 - An act relative to the eradication of poison ivy
- 134 - An act relative to the licensing of motels
- 137 - An act requiring causes of death to be printed or typed on certificates of death
- 157 - An act relative to the authority of cities and towns to regulate plumbing
- 186 - An act requiring that all swordfish imported into the Commonwealth for sale be packed in ice
- 209 - An act establishing minimum housing standards and rules and regulations relative thereto and defining the powers of local boards of health relative to dwelling places
- 226 - An act regulating the possession of hypodermic instruments
- 243 - An act relative to the examination of certain coastal waters and flats of the Commonwealth by the Department of Public Health
- 258 - An act regulating the lowering of the waters of a great pond
- 262 - An act relative to the transportation of oleomargarine for sale
- 326 - An act relative to indemnification or protection of certain state officers and employees in connection with actions for personal injuries
- 336 - An act authorizing the Commissioner of Natural Resources to permit limited use of water from Lake Cochituate and to grant certain incidental rights in connection therewith
- 368 - An act to amend the zoning enabling law
- 388 - An act to further regulate greenhead fly control projects
- 447 - An act providing certain penalties for violations of the law establishing minimum housing standards and rules and regulations relative thereto

Chapter

- 452 - An act providing for the construction of additional sewers in the North Metropolitan Sewerage District
- 462 - An act providing for the reconstruction of the Clinton sewage disposal works
- 508 - An act transferring the Massachusetts Hospital School and Hospital for State minor wards to the Department of Public Health
- 514 - An act establishing a Division of Special Education
- 516 - An act relative to the placement of persons dependent upon public support in licensed hospitals, homes and institutions
- 522 - An act relative to admissions to the Lemuel Shattuck Hospital and charges thereat
- 537 - An act establishing a council for the aging
- 538 - An act creating facilities for care of the aging
- 577 - An act relative to the adulterating, misbranding and sale of harmful drugs
- 581 - An act abolishing the Commission on Alcoholism and transferring its powers and duties to the Department of Public Health
- 664 - An act further defining frozen desserts and ice cream mix
- 672 - An act relative to the control of atmospheric pollution
- 681 - An act providing for the improvement of the administration of justice by prescribing fair administrative procedures

Much of the above legislation assigns new duties and responsibilities to the Department of which only the most outstanding are given special mention below. By Chapter 508 the general supervision of the Massachusetts Hospital School and Hospital for State Minor Wards, located at Canton, is transferred from the Department of Public Welfare to the Department of Public Health, effective July 1, 1954. This Hospital School is maintained for the education and care of crippled and deformed children and will be the seventh institution under the jurisdiction of the Department.

The duties of the former Commission on Alcoholism are transferred to this Department by Chapter 581.

By Chapter 672 the Division of Smoke Inspection is transferred from the Department of Public Utilities to the Department of Public Health. This legislation authorizes the Department to establish minimum rules and regulations to prevent pollution of the atmosphere and gives local boards of health authority to control atmospheric pollution within their jurisdiction.

Chapter 522 authorizes the Department to make rules and regulations relative to the admission of patients to the Lemuel Shattuck Hospital and to determine the charges for their care. This hospital will open in the fall of 1954 for the care of patients afflicted with chronic disease.

Chapter 537 establishes a Council for the Aging, of which the Commissioner of Public Health will be a member. The objectives of this Council will be the coordination within the several departments of the Commonwealth of programs designed to meet the problems of the aging, and the promotion of such activities at community levels.

Chapter 538 authorizes the Department: (1) to establish clinics for the aging in cooperation with local boards of health or hospitals and make regulations relative to services and treatment for aging citizens; (2) to admit aging persons to Lakeville State Sanatorium where at present only persons suffering from extra-pulmonary tuberculosis or arthritis and children crippled by poliomyelitis are admitted; (3) to increase the license fees of hospitals and sanatoria from \$25 to \$50, and of nursing homes, boarding homes and infirmaries from \$10 to \$25; (4) to approve contracts made by cities and towns for the care of tubercular patients; and (5) to approve upon application of county commissioners or local boards of health the conversion of county or municipal tuberculosis hospitals into homes for the care of aging persons, such homes to be under the general supervision of the Department.

Resolves

- 18 - Establishing a State Youth Commission
- 47 - Providing for a further investigation and study by the Metropolitan District Commission, the Department of Public Works and the Department of Public Health of the sanitary condition of Spy Pond in the town of Arlington
- 49 - Authorizing the continuance of the investigation relative to the formulation of a plan for the improvement of Straits Pond in the towns of Hull and Cohasset
- 55 - Providing for an investigation and study by a special unpaid commission of ground water supplies and of determining new sources thereof, in the counties of Plymouth and Bristol
- 56 - Increasing the scope of the State Youth Commission, for the purpose of making a study of facilities available for meeting the problem of juvenile delinquency
- 58 - Relative to treating the bed and banks of the Merrimack River for relief of the midge nuisance
- 65 - Increasing the scope of the study by the Department of Public Works, the Department of Public Health and the Department of Natural Resources relative to the elimination or control of submerged weeds in certain great ponds
- 66 - Providing for an investigation relative to the elimination and prevention of pollution in the Lees River in the towns of Swansea and Somerset
- 67 - Providing for an investigation and study by the Department of Public Health relative to the preservation of the purity of certain water supplies
- 71 - Reviving and continuing the special commission established to investigate and study the feasibility of establishing a Southeastern Massachusetts Water District
- 74 - Providing that the State Department of Public Works and the State Reclamation Board conduct a study and investigation of the feasibility of draining certain swamp lands in the town of Tewksbury
- 82 - Authorizing a joint board to study the feasibility of draining certain lands near the Charles River, the Neponset River and Mill Creek, and developing the same
- 88 - Continuing the special commission to study means and methods for improving protection against fire in homes and institutions
- 89 - Authorizing the continuance of the investigation relative to the improvement of conditions at Musquashiat Pond in Scituate

Resolves

- 103 - Continuing the special commission on milk marketing
- 113 - Increasing the membership of the special commission established to investigate and study high blood pressure with a view to providing means for the control thereof
- 119 - Providing for an investigation by a special commission relative to the training of medical laboratory technologists
- 126 - Continuing the special commission to study the establishment of a state medical and dental school

Chapter 18 of the resolves created a State Youth Commission of which the Commissioner of Public Health was a member. This Commission organized early in March 1954, and held weekly and semi-weekly meetings for eight weeks. The Commission filed a report with its recommendations (H.2820) with the Clerk of the House of Representatives on April 30.

Chapter 113 of the resolves adds to the special commission studying high blood pressure the Commissioner of Public Health and another physician skilled in public health to be appointed by the Governor.

Many of the other resolves involve studies of a sanitary engineering nature, to be undertaken in the next fiscal year.

Regulations

The following rules and regulations have been promulgated by the Department and are still in effect:

Distribution of biologic products

Adopted 4/9/35; amended 5/14/40; 1/11/49; 12/15/53

Sale of surplus biologic products

Adopted 4/12/49; 12/15/53

Use of blood or other tissues for purposes of transfusion

Adopted 1/10/39; amended 4/10/39; 10/7/41; 11/4/41; 9/14/48; 3/11/52

Cancer clinics and service unit values

Adopted 8/10/26; amended 6/14/27; 3/13/28; 1/5/35; 9/14/43; 10/5/43; 11/11/43; 12/14/43; 4/11/44; 1/14/47

List of diseases dangerous to public health

Adopted 1907; amended 12/15/14; 12/14/15; 2/16/17; 4/3/17; 12/18/17; 10/29/18; 11/18/20; 12/8/21; 9/18/28; 6/11/35; 12/10/35; 11/10/36; 2/14/39; 5/1/41; 5/12/42; 4/14/43; 10/5/43; 12/14/43; 1/11/44; 11/3/48

Diseases declared to be dangerous to the public health and reportable

Adopted 1907; amended 12/15/14; 12/14/15; 2/16/17; 4/3/17; 12/18/17; 10/29/18; 11/18/20; 12/8/21; 9/18/28; 6/11/35; 12/10/35; 11/10/36; 2/14/39; 5/1/41; 5/12/42; 4/14/43; 10/5/43; 12/14/43; 1/11/44; 11/3/48

Isolation and quarantine requirements of diseases declared to be dangerous to public health

Adopted 8/9/38; amended 5/13/41; 1/11/44; 11/3/48; 8/12/52

Transportation of bodies dead of diseases dangerous to public health

Adopted 7/12/38; amended 8/9/38; 2/14/39

Funerals of persons dead of any disease dangerous to public health

Adopted 8/9/38; amended 5/13/41; 1/11/44

Cremation

Adopted 12/5/07; amended 10/29/18

Treatment of persons exposed to rabies

Adopted 8/10/37; amended 5/13/41

Approval of bacteriological and serological laboratories

Adopted 9/12/39; amended 1946

Use of common drinking cup

Adopted 3/22/16

Use and concerning the providing of a common towel

Adopted 12/16/15; amended 3/22/16

Approval of lodging houses

Adopted 7/6/05

Barbering and barber shops

Approved 12/6/49

Cross connections between public water supplies and fire and industrial water supplies

Adopted 2/9/37; amended 5/12/42; 10/9/51

To prevent pollution or contamination of any or all of the lakes, ponds, streams, tidal waters and flats within the Commonwealth or of the tributaries of such tidal waters and flats

Adopted 8/14/45; amended 10/14/45

Supervision of plumbing

Adopted 6/11/35; amended 8/6/40; 2/11/46; 1/10/50

Minimum standards of fitness for dwellings

Adopted 12/6/49

Operation of plants for the purification of shellfish

Adopted 6/5/28; amended 10/7/41

Regulations promulgated by the director of the Division of Marine Fisheries

Approved for Sanitary Requirements by Department of Public Health 4/13/42

Enrichment of flour, white bread and rolls

Adopted 11/3/48

Establishing grades of milk

Adopted 5/8/35; amended 11/17/48

Sale of rabbits intended for food purposes

Adopted 5/14/29

Governing the business of cold storage made under the provisions of General Laws, Chapter 94, Section 67

Adopted 10/10/33

Sterilization of feathers, down and secondhand material intended for use in the manufacture of articles of bedding and upholstered furniture

Adopted 11/12/35

Making of each article of bedding and upholstered furniture

Adopted 12/10/30; amended 11/12/35

Manufacture and bottling of carbonated nonalcoholic beverages, soda water, mineral and spring water

Adopted 11/12/35; amended 4/36

Business of slaughtering and meat inspection
Adopted 7/9/31; amended 12/10/35; 9/14/43

Poultry slaughterhouses
Adopted 9/14/43; amended 8/6/46

Approval of contracts for the production and distribution of
certified milk
Adopted 10/14/36

Frozen desserts and ice cream mix
Adopted 9/11/34

Bakeries and bakery products
Adopted 2/14/33; amended 1/10/50

Definition of "pasteurized milk"
Adopted 7/8/41; amended 11/4/41; 6/15/50

Establishments for pasteurization of milk
Adopted 2/12/35; amended 6/15/50; 10/20/53

Standards and definitions of purity and quality of food
Adopted 2/9/37

Pork products intended to be eaten without cooking
Approved 2/12/24

Licensing of Hospitals and Sanatoria
Adopted 4/14/42; amended 2/9/43; 12/14/43; 3/14/50

Licensing of boarding homes for the aged
Adopted 11/3/48

Licensing of convalescent and boarding homes
Adopted 11/3/48

Dispensary Licenses
Adopted 1/12/19; amended 5/13/19; 5/10/38

Dental clinic license
Adopted 8/10/43

General Rules for Police Station Houses, Lock-ups, Houses of
Detention, Jails, Houses of Correction, Prisons, and Reformatories
Adopted 1910; amended 4/8/30; 6/15/48

To establish standards for tuberculosis hospitals and sanatoria
Adopted 6/14/27; amended 6/5/28; 8/12/32; 1/17/39; 5/10/38;
10/21/48

Obtaining state subsidy
Adopted 5/11/20; amended 6/5/28; 2/14/33; 3/13/34

Minimum requirements for tuberculosis dispensaries as defined by
the Department of Public Health
Adopted 4/6/15; amended 7/11/16; 11/7/19; 7/14/25; 4/11/33

Minimum requirements for uniform dispensary record system

Adopted 7/14/25

Governing the hospitalization of patients with chronic rheumatism

Adopted 5/8/45

Reporting and control of venereal diseases

Adopted 12/18/17; amended 5/12/18; 6/11/18; 3/11/19; 11/12/23;
10/1/25; 10/8/29; 1/14/30; 1/14/36; 8/9/38; 4/11/44; 11/3/48

Treatment of persons suffering from venereal diseases who are
unable to pay for private medical care

Adopted 2/14/33; amended 8/10/37; 8/9/38; 9/12/39; 11/6/40;
4/13/48; 11/3/48

Issuance of premarital medical certificates

Adopted 4/11/50

Approved prophylactic remedy for use in the eyes of infants at birth

Adopted 5/12/36

Physical examination of school children

Adopted 3/11/52; amended 8/25/53; 3/9/54

Dietetic foods

Adopted 5/12/53

Medical Panels

Under authority of General Laws, Chapter 32, Section 6, as amended, the Commissioner is authorized to appoint chairmen of medical panels established to review applications from state and municipal employees for disability retirements. These chairmen, insofar as is practicable, must be physicians skilled in the particular branch of medicine and surgery involved in the case. The other two members of the panels are appointed by the applicants and by the local retiring authority. In the fiscal year 1954, 925 new applications were received by the Department; this represents an increase of 44 cases over 1953. Because of the inability of one or more of the panel members to serve, 88 of these 925 cases had to be processed twice and 7 cases were processed three times, adding considerably to the work involved in the selection of these physicians.

Rating Board

As Chairman of the Rating Board, authorized by General Laws, Chapter 32, Section 6, the Commissioner presided at hearings and interviewed seven applicants from the uniformed branch of the State Police applying for retirement because of illness or injury received in line of duty. After examination of the applicants and a review of the records, six of them were recommended by the Board for disability retirement.

Building and boiler inspectors of the Department of Public Safety and State Police Detective Lieutenants upon reaching the age of 55 or completing twenty years of service, whichever occurs last, must have an annual physical examination to determine their fitness to continue working to the compulsory retirement age of sixty-five. In this group 11 were examined and all were found by the Rating Board to be physically fit to continue for another year.

Approving Authority

The Approving Authority for Medical Schools consists of the Secretary of the Board of Registration in Medicine, the Commissioner of Education and the Commissioner of Public Health. Under General Laws, Chapter 112, Section 2, this Authority holds hearings to determine those medical schools whose graduates are eligible for registration to practice medicine in Massachusetts; for this purpose meetings were held on October 7, 1953, January 25, 1954, May 10, 1954 and June 28, 1954. The following schools were approved: University of Montreal, Kansas City College of Osteopathy and Surgery, and University of London.

Milk Regulation Board

The Milk Regulation Board held five meetings during the past year and discussed procedure for the importation of milk into the Commonwealth from sources outside the present milk shed. The Board is considering a stricter standard for bacterial counts for milk. Regulations relative to in-place cleaning and bulk tank pickup of raw milk were considered. The point which raised the most difficulty concerned bulk tank pickup standards which would guarantee the farmer an efficient refrigerating unit with a maximum of refrigerating potential.

Special Commission relative to Narcotics and Harmful Drugs

This Commission, created by Chapters 30 and 60 of the Resolves of 1953, studied the problem of narcotics and harmful drugs in the Commonwealth. As a result of this study, Chapter 226 of the Acts of 1954, concerning the distribution of hypodermic instruments, was made law. It provides that a doctor prescribe such instruments, for use of his patients, by prescription. Also resulting from this study was the passage into law of Chapter 577 of the Acts of 1954 which regulates the sale of harmful drugs in this Commonwealth.

Civil Defense

A total of 303 First Aid Stations were stockpiled in 115 cities and towns throughout the Commonwealth and an additional 47 are stored in State Institutions, thus assuring complete decentralization. Regulations pertaining to proper storage and custody of equipment were distributed to all communities.

A compendium of manuals outlining the twelve services was edited and printed. Other articles pertaining to hospital disaster planning and training of Civil Defense personnel were published.

Recommendations were submitted by the Division concerning problems arising from the Worcester Tornado.

Several conferences were held involving Federal Civil Defense personnel, State officials, Department Heads and many Local Directors.

All levels of the Medical and Health Division were activated during the Command Post Exercises held on evenings each month at the Framingham Police Barracks.

A census of all nursing personnel in Massachusetts is being developed and to date 186 cities and towns have appointed Local Civil Defense Nursing Advisors. Publications designed to assist in the training of personnel have been printed and will be distributed.

All sections of the Medical and Health Division have been stressing the importance of training personnel in Civil Defense procedures, and further plans in this important field are being developed.

Division of Health Information

Coordination of effort of various agencies for the use of television for health education was brought about. Preparation of programs with participation of the Department is under way.

Cooperation was continued with voluntary health agencies and local health departments. A Committee on Out-Patient Education was established. A standing committee on recruitment for public health was created through our efforts, and educational programs in industry were expanded.

Close cooperation with the other divisions was developed. For example, collaboration with the Division of Maternal and Child Health in teacher training and curriculum programs resulted in participation in courses at Boston, Lowell, Worcester, Danvers, and Amherst. Material assistance was given in planning the Northampton Conference on Accredited Field Training for Health Educators. Staff health educators rendered valuable aid in the polio vaccine field trials. A health educator was assigned for closer liaison with the Material Production unit of our division. Contacts were developed with the State Department of Mental Health.

The format and editorial quality of "Commonhealth" and "This Week in Public Health" were improved. Thirty-four pamphlets and booklets were produced. The number of news releases was 36. Full use was made of radio and television coverage for the polio vaccine field trials. Tentative arrangements have been made for additional radio and television programs in public health and health education.

Nearly 500 photographs were taken and 750 enlargements made. There were almost 1400 requests for information in all phases of public health. Seven hundred and sixty-five films were handled, including 422 sound films.

There has been an increased demand from the divisions for our art work, which has been kept at a high level of excellence. Seven new exhibits were produced and 53 cover designs were made.

The number of copies of miscellaneous material produced was 1,021,870 (914,555 multilith and 107,315 mimeograph) in response to 343 requests. The addressograph work comprised 168 sets of material and 129,203 pieces. Nearly 160,000 pamphlets were collated, stapled, and folded. Miscellaneous production included 573 ditto plates developed, 3925 orders wrapped and mailed, and 2104 sets of revisions to the Manual of Laws assembled.

Division of Training

A number of factors including a substantial reduction in Federal Grants-in-Aid appropriations--which are a vital source of our training income--; the transfer of two key staff members from this division to the "Massachusetts in Pakistan" project and difficulty in recruiting students for the sanitary science major, offered on the undergraduate level by the University of Massachusetts, have influenced the scope of this year's program. However, a review of projects completed and the number of trainees enrolled in them suggests that we have experienced a period of stasis rather than a curtailment of functions or reduction in trainee numbers.

The overall program of the division remains unchanged and includes:

Stipend assistance for full-time post-graduate study by qualified staff members of this department and local health units; planned orientation experiences for new employees and observation opportunities in the various units and institutions of the department for foreign visitors and students of public health and preventive medicine; all types of short refresher courses for local and state health workers; approved residency training for career physicians in public health; accredited field training for medical social workers, nurses and sanitarians; research in training techniques and evaluation procedures; and the promotion of better inter-agency relationships as a means of stimulating agency participation in the field training program.

During the year, financial assistance for full-time graduate study was extended to three public health physicians, one public health nurse, two health educators, one nutritionist, one sanitary engineer, one chemist and five social workers.

The short course training program consists of training experiences which we have arbitrarily defined as "Planned, formalized, educational experiences dealing with one or more health subjects, for a special category of health workers and lasting at least one half day but no longer than two weeks". 4,239 health workers participated in the 130 various types of short courses offered through the department during the past year. The principal groups benefiting from this instruction were public health nurses, sanitation and school health personnel.

Residency training of physicians and the accredited field training of other personnel employed by official and voluntary health agencies continues as a most important function of our training unit. Again, we have defined field training as "Courses which involve supervised field experience, as one of their basic components, and which require for presentation a total of more than two weeks". The expansion of the field training program during the past four years has resulted in a three-fold benefit affecting the trainee himself, the college or university which supplies the necessary class-room instruction, and finally the local health unit and this department. The field training programs have been of great assistance in supplementing normal channels for recruiting all types of professional personnel. The intimate contact of student and agency employee and administrator during the training period has been instrumental in subsequent selection and placement of the trainee upon completion of academic requirements. This is especially true in the field of environmental sanitation, for during the period that the field training project has been operating, 22 placements in full-time positions have taken place in the local and state health departments of Massachusetts.

A total of 477 weeks of supervised field training has been provided in the training areas of the department for one public health physician, nine medical students, four medical social workers, seventeen public health nurses, two sanitary engineers, and seventeen sanitarians.

Personnel Section

As of June 30, 1954, the total number of persons employed by the Department of Public Health was 2,158; of these 571 were in central offices and 1,587 in institutions. The increase in the number of employees in the institutions was caused by the addition of two new hospitals to the Department. The Massachusetts Hospital School in Canton has been transferred from the Department of Public Welfare to Public Health, and the new Lemuel Shattuck Hospital at Jamaica Plain, which has been under construction for some time, has been opened with a total of 96 personnel as of June 30.

The new system of personnel record keeping set up by the Division of Personnel and Standardization, which was in its incipient stage at the time of the last report, is now being used in connection with all personnel papers, and it is expected that this will constitute a much better and more accurate record of all employees.

Much time has been spent this year in the preparation of poster material for civil service examinations. We have endeavored to make entrance requirements for similar positions in various units of the Department more uniform. The Division of Civil Service has been very helpful in scheduling examinations, especially for the various positions in which there are provisional employees requiring certification.

Nursing Section

The staff of the Public Health Nursing Section has been occupied throughout the year in providing service at the various rheumatic fever, orthopedic and crippled children's clinics.

Every attempt has been made to assist local public health nurses in the development of their respective programs. Numerous conferences were held with school nurses and school superintendents relative to the new school health program, with representatives from local boards of health to clarify the premature infant law, and with local representatives of official and voluntary nursing agencies to assist or advise in the implementation, reorganization or supervision of their respective nursing services.

A series of in-service training sessions on home accident prevention, rheumatic heart disease and related subjects were held for local public health nurses. They were most appreciative of the opportunity of gaining newer knowledge in the care of the cardiac patient and the prevention of home accidents. It was evident from the large number of nurses attending and their spontaneous participation in group discussion that in-service education programs are meeting a great need.

The Nursing Section has been active in the development of a Parent-Education Manual soon to be published for statewide use by public health nurses.

A representative from this section and one from the Division of Maternal & Child Health have provided joint consultation services to several hospitals to evaluate their present obstetrical departments or plans for new maternity divisions.

Nutrition Section

The excellent film "Food As Children See It", was shown and discussed first with 18 state and local nutritionists. Then the Berkshire District nutritionist used it for 28 discussion meetings in 10 communities with approximately 600 people, most of whom she has never reached before. These included all student nurses, pediatric ward personnel, public health nurses, day care center personnel and parents. This activity will be carried on in other districts in the future. This film is the best device we have ever used to stimulate discussion and guide efforts to build good eating habits in young children.

Improved teaching of nutrition and diet therapy in the basic schools of nursing, and in schools for practical nurses, is the goal of two other projects now underway in cooperation with dietitians and nursing educators.

At our suggestion, and with the continued help of the nutritionists all hospital schools of nursing in Connecticut Valley and the Berkshires, and the School of Nursing at the University of Massachusetts, are cooperating in a study of their own facilities. They have planned

a series of 8 working sessions to revise their own teaching of these subjects and to work on a guide useful to other schools.

Preparation of a teaching manual for the shortened foods and nutrition course in the revised syllabus for Schools of Practical Nursing has been started with the dietary and nursing education staff of these schools all over Massachusetts.

Massachusetts universities and other facilities attract many international students and visitors, and the nutritionists have given field observation and training to a large number of them over the years. Because of this experience the Chief Nutrition Supervisor was asked to serve on a working committee for a conference on The Home Economist in Expanding Programs of International Service, sponsored by The American Home Economics Association, The Foreign Operations Administration of the U.S. Department of State, and Columbia University. This is helping us to improve our work with international students and agencies, and to supply better materials, and information on request from other countries, and from the United Nations and F.C.A.

The Section has also concentrated on:

Consultation and joint activities with Department staff and staff of other State and local agencies on the nutrition components of their specific programs: chronic disease control (especially diabetes and cardio vascular conditions) accident prevention, field training, community resources, new technical developments and available teaching materials in the fields of nutrition and diet therapy; the widespread use of "The Nutrition Handbook for Teachers," and the film-strip "Let's Teach Better Nutrition," with teachers in many communities, at health education workshops, and at teachers colleges in 4 districts; personal conferences, visits at mealtime, planning meetings and finding materials for boarding and nursing homes, day care centers, and children's homes; cooperation with Massachusetts Department of Education, School Lunch Office, in training local personnel to improve school lunches, especially from the nutrition education angle; and guiding food habit surveys by schools and parent groups was done in 4 communities.

Social Work Section

During the past year, the Social Work Section has continued to give service to the Divisions of the Department, to engage in community activities, especially those related to developing and strengthening of local health and social services, and in educational activities. Both in individual and group activities, the major areas of concern have been in securing individual help and community action to meet the needs of children and the chronically ill. Individual services and community planning for physically handicapped children, adults with tuberculosis, cancer and the degenerative diseases have been of primary concern to the Section. In recent years, including the past one, emphasis in the Social Work Program has been in the development of consultative services to local agencies and the withdrawal of direct casework services except as individual problems indicate the need for it, or as the absence of local resources make it necessary.

The inter-relationship of health and welfare services, and the interdependence of public and private social and health agencies have been very apparent this year to the Social Work Section, and has resulted in several cooperative arrangements with other agencies for meeting the social and financial needs of individuals with health problems. In retrospect, much has been accomplished in the organization and strengthening of local social services, but there are still many unmet needs as observed from the social work point. Child welfare services, adequate housing programs, recreational facilities for children and the aged, and facilities for the chronically ill are still among our foremost needs.

Through the Medical Social Training Project, financed by a special grant from the Children's Bureau, four students completed nine months of field training in the Health Department. Thirty-seven students were provided with observation opportunities and seven foreign social workers spent periods of observation in the Department. Through participation in the educational programs in the three Boston schools of social work, future social workers have been oriented to public health services and programs.

Fiscal Section

Table I

TOTAL DEPARTMENT BUDGET

<u>Fiscal Year</u>	<u>Total Budget</u>	<u>Per Capita</u>	<u>Total State</u>	<u>Per Capita</u>	<u>Total Federal</u>	<u>Per Capita</u>
1954	\$18,668,442.77	\$3.97	\$17,365,577.88	\$3.69	\$1,302,862.89	\$0.28

Table II

DEPARTMENT INSTITUTION BUDGET

<u>Fiscal Year</u>	<u>State Funds</u>	<u>Per Capita</u>
1954	\$13,696,632.67	\$2.91

DEPARTMENT BUDGET
(Exclusive of Institutions)

<u>Fiscal Year</u>	<u>Total Budget</u>	<u>Per Capita</u>	<u>Total State</u>	<u>Per Capita</u>	<u>Total Federal</u>	<u>Per Capita</u>
1954	\$4,971,810.10	\$1.06	\$3,668,947.21	\$0.78	\$1,302,862.89	\$0.28

A breakdown by the various departmental activities is shown in the following table. A detailed breakdown of the Department Fiscal Report as prepared by the Comptroller's Bureau is contained at the end of this Annual Report.

DEPARTMENTAL EXPENDITURES 1953-1954

SUMMARY OF ACTIVITIES

	<u>TOTAL</u>	<u>STATE</u>	<u>PRIVATE AND FEDERAL</u>
Administration	\$381,912.06	\$194,981.86	\$186,930.20
Tuberculosis and Sanatoria	293,672.47	225,152.08	68,520.39
Subsidy for Tuberculosis Patients	447,641.91	447,641.91	
Institute of Laboratories	579,532.44	560,272.64	19,259.80
Hospital Licensing & Survey	83,938.12	83,927.34	10.78
Cancer & Other Chronic Diseases	222,339.81	166,272.88	56,066.93
Heart Disease Program	38,827.63	14,145.75	24,681.88
Environmental Sanitation	601,235.82	499,653.23	101,582.59
Preventive Medicine	692,804.68	334,618.32	358,186.36
Communicable Diseases	415,808.97	396,838.24	18,970.73
Alcoholism	118,382.17	118,382.17	
Special Projects	75,504.49	34,929.27	40,575.22
Construction	339,393.08*	339,393.08	
Grants-In-Aid	40,748.26		40,748.26
Training	196,178.08		196,178.08
 TOTAL - DEPARTMENT	 \$4,527,919.99	 \$3,416,208.77	 \$1,111,711.22

* Includes construction of Hyams Laboratory and Lawrence Experiment Station

BUREAU OF INSTITUTIONS

Division of Tuberculosis and Sanatoria

During the year, 540 deaths from all forms of tuberculosis in the Commonwealth have been recorded; 502 attributed to pulmonary, and 38 to other forms. The substantial drop in the mortality rate for the past few years continues, showing an accelerated decline since 1949. The 1953 rate of 11.2 for all forms of tuberculosis is a 68.8 per cent decrease from 1944 but during this spectacular fall in the death rate there has been only a 22 per cent drop in the morbidity rate.

This accelerated drop in case mortality rates for tuberculosis and the less rapid decline in the morbidity rates, emphasizes certain problems in tuberculosis control. More effort must be expended in the follow-up of contacts of potential source cases.

Review of the prevalence of tuberculosis during the past ten years clearly demonstrates the changing pattern in the problem of tuberculosis control and the higher rates in the urban areas indicate that more participation by the State might be desirable. The Department is therefore attempting to establish a uniform case-finding and record filing system in local boards of health and to develop improved tuberculosis control programs at the local level. Effort has also been made to create a mutual planning program between the Massachusetts Tuberculosis and Health League, its respective local branches, the various boards of health, the district health offices and this Department.

The use of antimicrobial therapy continues to modify the treatment of tuberculosis. The average length of stay of patients suffering from pulmonary tuberculosis continues to decline. Drug therapy is continued after discharge for long periods of time and consequently more frequent visits to the various out-patient clinics are required. This is probably a forerunner of changing patterns and programs which will become more evident as the problems of tuberculosis decrease.

There is a short male waiting list at Rutland and Westfield State Sanatoria. Rearrangement of the wards at Westfield State Sanatorium so that 101 men and 40 women can be accommodated will eliminate the waiting list at this institution. Smaller local tuberculosis sanatoria are finding it economically unsound to continue operation. It is quite likely that the Commonwealth will be called upon to assume more responsibility for the care of the tuberculous.

The training schools at Westfield State Sanatorium and Pondville Hospital for licensed attendant nurses continue to fulfill their excellent purpose in recruiting personnel for the various state hospitals. A refresher course was introduced at the Rutland State Sanatorium to improve the nursing services at the sanatorium. This course proved most popular and will be extended to other state sanatoria as soon as practical.

The various institutions continue to fulfill their role as centers for education and training.

Subsidy paid by the Health Department to cities and towns for patients of pulmonary tuberculosis for the calendar year, 1953, amounts to \$429,415.18 which represents a decrease of \$18,226.73 for the preceding calendar year.

The federal grant for tuberculosis control was cut 27% in 1953 as compared to 1952. Since these funds are used primarily in the case-finding program of the mobile units, a further cut would be harmful to this program.

In spite of the fact that there is a diminishing case-rate in tuberculosis in the Commonwealth, the case-rate in the cities over 100,000 continues high. More effort must be expended in this direction and less emphasis placed on the rural area, with the existing mobile x-ray units used in case finding.

North Reading State Sanatorium

The average number of patients per day at the North Reading State Sanatorium was 143.4. There were 93 admissions and 93 discharges. The average age was 5 9/12 years. Monthly out-patient clinics were held in Revere, Lawrence, and Chelsea and daily out-patient clinics for diseases of the chest were held at the institution.

In addition to the time-tried methods of treatment or rest, good diet and fresh air, the use of antibiotics abetted by surgery where indicated, have been combined to bring about a satisfactory therapy program. There were no deaths among the patients during the past year. Twenty-seven new cases were discovered in the combined out-patient clinics and appropriate recommendations for their care were made.

During the closing months of 1954 we began to see tangible evidence of major improvements to the physical plant. These changes included the conversion of the power plant from coal burning to oil burning and the installation of a steam turbine to replace some of the old antiquated engines. Another major improvement consists of the renovation of the electrical distribution system which will make it possible for the institution to operate on AC current and this will result in a much more efficient use of electrical appliances for the care and treatment of our patients as well as the comfort of our employees billeted in the institution.

Lakeville State Sanatorium

There were 169 patients in the Lakeville State Sanatorium July 1, 1953 and 157 on June 30, 1954.

No major changes have to be reported in the extra-pulmonary tuberculosis program. A larger number of poliomyelitis cases were admitted. The crippled children's program was continued, especially treating more chronic cases such as Legg Perthes Disease and spina bifida. The cerebral palsy program ran at full capacity and both conservative and operative means were used to reach most gratifying results. The arthritic program was carried on at almost full capacity placing emphasis on the physiotherapy aspect. Good to excellent results were achieved. A limited number of muscular dystrophy cases and allied conditions, including multiple sclerosis,

were admitted. The treatment result, in these cases as could be expected, was fair. The scope of surgical procedures was enlarged especially in the field of re-constructive surgery of the hips.

Special emphasis was placed on the teaching aspects of the sanatorium for training of medical residents.

The establishment of three new parking spaces is very urgently needed.

Pondville Hospital

Pondville Hospital brought forth many changes, not only in the physical structure of the institution, but also in the overall personnel plan for the hospital.

With the graduation of a large class of Practical Nurses in January, 1954, it was possible to reactivate more beds so that our active bed capacity increased to 120 beds. We have had as many as 110 patients in the house at one time.

The out-patient clinics have grown larger, and soon it will be necessary for us to extend the general clinic activities to two afternoons weekly in order to care for the large number of patients sooner and more efficiently.

During the last year the Legislature appropriated funds to renovate the vacated floor space so that we may have the much needed space for business offices, record office, and other offices, as well as a Chapel.

Westfield State Sanatorium

Westfield State Sanatorium aimed to meet the four-fold purpose of any hospital by the following activities:

1. Doctors on the cancer and tuberculosis services together treated over 1,000 bed patients, attended over 60,000 out-patient clinic visits, and met nearly 3,000 extra-mural tuberculosis consultation clinic visits.
2. In specialty-board-approved residencies, three young surgeons and three young internists received full-time training in malignant diseases and in pulmonary diseases respectively. A promising young dentist was given a busy year of internship with special emphasis on oral cancer. A resident in pathology received continuous guidance in his study of cancer cytology. Thirty-four young high school graduate women were in training to become licensed practical nurses. An on-the-job training program gave fourteen ward attendants 52 classroom-hours instruction. Field training experience in cancer out-patient nursing was given one day a week to senior student nurses from The Springfield Hospital and from the Holyoke Hospital. Field training observation in sewage disposal was given to eight sanitarians from the University of Massachusetts. Clinical seminars (two on cancer and nine on tuberculosis) were held for all local outside physicians.

3. Cooperation was maintained with the American Cancer Society in the collection of statistical data on malignant diseases.
4. Promotion of the general public health took the form chiefly of an active public relations program which featured for numerous lay groups "Come and See" tours of the hospital and school for practical nurses. Members of the hospital staff gave at least nine formal public talks to various lay audiences.

No major physical changes occurred in the hospital plant.

Rutland State Sanatorium

The average number of patients at Rutland State Sanatorium during the year has been 211.

Chemotherapeutic agents are being used over a longer period of time producing a noticeable drop in the death rates. Certain surgical procedures are no longer used, whereas other operations such as lobectomies are becoming commonplace. Rehabilitation of the tuberculous patient and diversional occupational therapy are being emphasized.

A twelve week training refresher course in nursing has been instituted and has proved to be of great value to the employed practical nurses. The renovation and conversion of the various wards into more attractive quarters for the patients continues and further plans for remodeling and making general improvements are to receive priority during the coming year.

Lemuel Shattuck Hospital

The construction of the main hospital and the nurses' & personnel building was accepted on May 5, 1954, and the contract was completed on June 30, 1954.

The construction of the service building proceeded at a slow rate and the final completion date, as approved by the Division of Building Construction, was August 9, 1954.

The budget for the fiscal year 1954 allocated \$103,300. for the hospital. This amount was insufficient to prepare the hospital for opening. A deficiency budget was passed in April, 1954, under Chapter 263 of the Acts of 1954, and the amount of \$125,000 was received, under which was established reclassification of certain personnel and creation of new positions for the hospital, such as Chief of Professional Services, Chief of Surgery, Chief of Medicine, Chief of Rehabilitation, Chief of Anesthesiology, Chief of Clinical Laboratories and Chief of Radiology. Positions allocated under the deficiency budget were filled as needed, and as of June 30, 1954, there were 99 persons employed in the hospital.

Starting in October, 1953, requisitions were put out for furnishing and equipping the hospital and nurses' & personnel building, and since that time, the equipment and furnishings have been coming in on schedule.

On April 2, 1954, a revised budget, based on opening the hospital as of September 1, 1954, was submitted. The budget as approved by the Legislature allocated 574 personnel for the fiscal year 1955, and the total amount of the budget was \$1,952,555.

The first meeting of the Deans' Committee for selection of the medical staff of the hospital was held on April 12, 1954, and the committee has been meeting at bi-weekly intervals since that time to review applications and make recommendations for appointments.

Division of Cancer and Other Chronic Diseases

Massachusetts allots great weight to epidemiology in its cancer program. During the year, the division conducted studies principally on:

- the accuracy of cancer death records
- a follow-up of cancer clinic patients
- malignancy of the lung, the buccal cavity, and
- cancer in situ.

Equally important were observations made on the

- expectation of life of individuals seen in the Massachusetts Cancer Clinics
- epidemiology of cancer of the prostate, and
- incidence of chronic disease in Massachusetts

The Dean of the Harvard School of Public Health has requested that the study of cancer of the lung be published as a Harvard monograph. The only completed studies were: the Incidence of Chronic Disease in Massachusetts which was published in the April, 1954 issue of the "Commonwealth" and the Epidemiology of Cancer of the Prostate which is soon to appear in a published symposium on the subject by Drs. Homburger and Fishbein. A large part of the work of the Epidemiological unit consisted of furnishing advice and data to physicians and research workers.

The Tumor Diagnostic Service has increased markedly. This is a very healthy index of the increased interest of the medical profession in cancer control. In the early nineteen-thirties, approximately 2,500 specimens were examined yearly, and slightly over 500 physicians used the service. By 1940 these numbers had increased to 4,000 and 800 respectively. During the war years, use of the service decreased, then increased rapidly, until in 1953, 10,900 specimens were received from 1232 doctors.

The eighteen state-aided cancer clinics and the two state cancer clinics held 119 sessions and had 28,383 admissions. The clinics gave 37 teaching clinics, with a total attendance of 977 physicians.

The most unique part of the Massachusetts Cancer Program is the completeness of its follow-up of the cancer cases. Since the opening of the cancer clinics in December, 1926, only 2.2 per cent have been

lost to follow-up. Connecticut, which has an excellent registration system, has recently published their follow-up results for 1935-48, inclusive. Their percentage lost was 5.3 per cent. During the same period, the Massachusetts percentage was 1.8 per cent.

The seven heart clinics for whom the Department provides funds toward the salary of the social workers, had 5,724 admissions. Over 3000 patients received assistance from social service at these clinics.

Division of Hospitals

Hospital Licensing Section. The Division of Hospitals is primarily responsible for the licensure of medical care facilities throughout the Commonwealth. The institutions which come under the jurisdiction of the licensing law (General Laws, Chapter 111, Sections 71 to 73, as amended) are general hospitals and related facilities, excluding state, county and federal institutions; convalescent and nursing homes, boarding homes for the aged and city and town infirmaries. Under General Laws, Chapter 111, Sections 51 to 56, the Division is responsible for the licensing of dispensaries and clinics which are not an integral part of a licensed hospital. The Division also has the responsibility for approving blood banks and public medical institutions for the care of patients with permanent or total disability (General Laws, Chapter 118I Section 1, Acts of 1951).

In connection with the licensing program, regulations have been developed for each phase of the Division's activities. All regulations, except those for hospitals and sanatoria and clinics and dispensaries, are in the process of revision.

Licensed to date are 195 hospitals and sanatoria, 64 clinics and dispensaries, 490 convalescent and nursing homes, 544 boarding homes for the aged and 8 city and town infirmaries. Thirteen city and town infirmaries closed voluntarily and one was closed by action of the Department.

Hospital Survey and Construction Section. The activities under the Hill-Burton program of Hospital Construction, designated as Public Law 725 of the 79th Congress, are currently maximum due to the fact that all available funds have been allocated and, in addition, the ultimate permitted under the "split-project technique" (which arrangement allows applicants to proceed with preparation of detailed plans and to carry on required bidding procedures as well as awarding contracts and the start of construction) using funds projected from subsequent annual allotments has been taken advantage of.

Institute of Laboratories

Dr. Hinton's retirement in January 1954 marked an outstanding era in the Wassermann Laboratory. His pioneer work over forty years has been a great asset to the Department. His excellent organizational abilities have endowed us with a laboratory that will continue to render efficient service.

Further consolidation of the Laboratories of the Institute was achieved during this year. A state of balance in personnel is reached now so that further increase in work must mean establishment of more positions for the Institute. The Diagnostic Laboratory experienced, in particular, a noticeable increase in work due to a more than two-fold increase in Salmonellosis in the State.

Two projects are carried out on the premises of the Institute.-- financed through grants administered by Harvard University and supervised by the Superintendent -- one on Medical Mycology and the other involving basic research in immunologic problems. Work of the Mycology Laboratory on Histoplasma and Cryptococcus shows great promise for diagnosis and treatment of these important diseases. Diagnostic service has been given to 138 patients where mycologic diagnosis was crucial. Since the National Institute of Health grant supporting this laboratory expires in March, 1955, it is of great concern to secure the continuation of personnel by establishing a Senior Mycologist position in the Institute.

The contract work under the auspices of the Armed Forces Epidemiological Board enables us to perform basic research work in immunologic problems through both field studies and animal experiments. A practical result of this work is the new diphtheria and tetanus toxoid for adult use. Since the communication about this product was made to the Massachusetts Medical Society, the Superintendent has received numerous requests for information from Health Departments and practicing physicians from all over the nation. It is gratifying to find that our research work is of interest to the practice of Public Health and Medicine.

On his two trips to Europe, the Superintendent was able to establish new bonds and renew old ones with many important laboratories and health centers in Europe.

BUREAU OF PREVENTIVE MEDICINE

Division of Local Health Administration

During the year, the Division of Local Health Administration through its districts has continued to take advantage of every opportunity to encourage the strengthening of local health services and facilities throughout the State. Progress has been slow. However, two towns, Lunenburg and Ashburnham, joined the Nashoba Health Unit; Wilmington employed a full-time trained sanitarian for the first time; many towns have adopted or revised their local health rules and regulations; several towns have adopted pasteurization regulations; and a number of communities have adopted new housing regulations.

The Division through the district health offices assisted in the field trials of the Salk vaccine, meeting with local physicians, health department staffs, and school personnel to plan procedures for carrying out the program. The district health officer and his staff in the Northeastern District assisted the city of Peabody during the flood caused by the break in a dam.

A survey of the health facilities in Pittsfield was completed by Dr. William Willard and a team from the Syracuse College of Medicine. The official findings of the report of this survey have not yet been submitted to the Department.

Through the district health offices, in-service training was provided for local public health nurses, nutritionists, school lunch managers, and medical social workers. By request, many lectures and talks were given by members of the Division to various professional and private groups, especially those engaged in community activities related to developing and strengthening local health services. The crippled children's program utilized a great proportion of the time of both the professional and clerical staff of the districts. The district health officers completed the epidemiological investigation of all cases of reportable diseases and reports were forwarded to the main office. The inspection of jails, lock-ups, prisons and biological stations was completed during the year.

The district health officers who serve as regional medical coordinators, and their staffs participated in all Civil Defense exercises during the past year.

The programs of the Divisions of Sanitary Engineering, Hospitals, Dental Health, and Maternal and Child Health were carried on by the various members of the district staffs.

Division of Communicable Diseases

After reaching the highest level in ten years in 1952, the total number of cases of communicable diseases promptly dropped to the second lowest figure since 1916. This is largely due to the fact that most of the highly infectious communicable diseases of childhood were quite low during the year. Chicken pox was the one striking exception, rising to the highest level since the disease was made reportable.

Bacillary dysentery and salmonellosis were two outstanding problems of the year. Both reached quite high levels, and considerable effort was made to try to determine how this increase had occurred. No large, common source for the cases could be discovered.

On the other hand, diphtheria and whooping cough showed little tendency to rise above the low level which had just been established. Of course, immunization programs are probably playing a great part in keeping these diseases low. Another year has passed by without a case of smallpox occurring.

The Division continued to be handicapped by lack of personnel. There were only two physicians available to carry on the epidemiological activities. Time had to be devoted largely to routine investigations.

Much time was devoted to organizing and guiding the Field Trials of Salk's Polio Vaccine in the twenty-five cooperating communities in this state. About 61 per cent of the 46,668 children enrolled in the first, second and third grades in these communities received three inoculations either of the vaccine or of a placebo (an inactive substance). Collection of case records and other information for the evaluations were just beginning at the end of the fiscal year.

A survey carried out with the assistance of the Virus and Rickettsial Laboratories of the Public Health Service disclosed that wild birds have been infected with the virus of Eastern Equine Encephalomyelitis. All that is needed is a favorable, biological setup and another epidemic such as that in 1938 could occur.

The Division continues to push its educational activities, which are among its most important duties.

Division of Maternal and Child Health

Three-thousand four-hundred and forty children were cared for in the plastic, orthopedic, rheumatic fever, and children's cardiac programs of the Division during 1953.

During the same year, the Division provided a total of 2214 days of hospital care to 52 premature infants at a cost of \$18,429.50. The contribution of local boards of health for the hospital care of premature infants continues to be very extensive, and amounts to approximately \$161,000 during the same period.

The seven Nursery Schools for Hard of Hearing Preschool Children now sponsored by the Division have very definitely demonstrated their value, and it is planned to expand this program. The home auditory trainer program included some 30 children during the past year with demonstrable benefits being noted by parents and teachers.

The Census of Physically Handicapped Children received reports concerning 13,161 handicapped children throughout the Commonwealth. Of these, some 1,874 cases were referred to the Department for approval of home instruction. Only 56 were not approved since they were found to be either able to attend school or too ill to receive home instruction.

The Division has continued to discharge its required functions in the field of school health through a continuing program of promotion, interpretation, consultation and training.

During the past year this Division has either organized or sponsored educational programs in which 1034 professional workers, including physicians, teachers, nurses, social workers, nutritionists, technicians, etc., received formal training for periods of 2 days to one full academic year in public health.

The Division also cooperated with the Children's Bureau in its support of the training program in Maternal and Child Health at the Harvard School of Public Health.

About 8,000 mothers received our series of prenatal and postnatal letters and accompanying literature.

A study to determine whether special medical care and specialized educational services can significantly improve the academic performance of hard of hearing mentally retarded children is being conducted at the Walter E. Fernald School.

The Division is participating in the development of two programs in accident prevention, one is the development of a Poison Information Center at the Children's Medical Center, and the other is the Greater New Bedford Children's Accident Prevention Program.

The Division is cooperating with the Children's Bureau, the United States Public Health Service, Boston University, Boston City Hospital and the Boston Lying-In Hospital in a project to determine the influence of prenatal care on the outcome of pregnancy, particularly in regard to the treatment of pre-diabetes in pregnant women.

Division of Dental Health

The Division of Dental Health has provided consultant and supportive services to local community dental programs, placing emphasis on the prevention of disease and oral maldevelopment. Routines of early detection of dental defects and referral for correction, applicable to children of school age have been encouraged and put into use.

A close association with the dental profession and local health officers has been maintained for the development of knowledge and attitudes which will motivate acceptance of these preventive and control techniques. Coordination of activities, especially in the preventive dentistry field, for the profession and the local health officer has been performed, the Division serving as a source of factual information and as an agency for the measuring of progress in the field.

The Division has served as a technical resource for collection of data for objective assessment of oral disease prevalence, treatment effectiveness, and program evaluation.

Direct service has been provided in programs of prevention, education and disease detection in the field of dental health to smaller communities where no local programs exist or where demonstration appeared desirable.

Training opportunities have been designed and provided for local dental staffs, and publications on acceptable oral health practices have been devised and distributed for local community and patient use.

Facilities have been provided for a study in program method for dental public health field workers. A study of gross malocclusion and its treatment has been stimulated and contributed to by the procurement of technical equipment for a cooperative research and teaching project.

The dental staff has served as a collection agency and information source on public dental program practices in the Commonwealth for local program administrators' evaluation purposes and for evaluation by the dental profession in program planning.

Division of Alcoholism

On July 1, 1953, the Division of Alcoholism began the third year of its existence with six alcoholism clinics in operation. These were located in the outpatient departments of general hospitals in cities throughout the Commonwealth.

During the fiscal year one clinic was closed and two additional clinics were opened, so that as of June 30, 1954, there were seven alcoholism clinics located in the following cities: Boston three, and one in Quincy, New Bedford, Worcester, and Pittsfield. All seven are carrying substantial caseloads and at least in two there is a waiting list.

An over-all study of the statistical reports of the various clinics shows two distinct trends. One is an increase in the number and percentage of cases referred to the clinics by physicians in general practice, and the other is a decrease in the age of patients seeking treatment for the first time.

Division of Venereal Diseases

For the past three years there has been an increase in reported cases of venereal disease in Massachusetts. For the first two years the increase was in reported syphilis but in 1953, there was a 20 per cent increase in reported gonorrhea. This increase is due to many factors:

1. Intensified case-finding activities
2. Factors which contribute to dislocation of home and family life and thus result in sexual promiscuity and illegitimacy

Our records clearly indicate that organized and commercialized prostitution is not a major factor in our venereal disease problem.

The Division still continues the follow-up of all selectees discovered to have a positive blood test for syphilis or other evidence of venereal disease. Reports are evaluated and sent to the Induction Board. Similarly, the Division receives reports from the military of men separated from the Armed Forces who need follow-up for these diseases

Based on its successful experiences of the past two years, the Division Staff is now responsible for the interviewing of military patients in Massachusetts and their contacts.

In the State cooperating venereal disease clinics there were 6,323 patients who were examined, and these represented a total of 28,172 clinic visits.

Our plans for extending our reciprocity arrangements, insofar as the premarital examination law is concerned, continues. At the present time, out of the forty states which have such laws, Massachusetts will accept the certificates of thirty-six States. In return, nineteen States have agreed to accept our premarital certificates when properly completed.

The Division has a very active training program in venereal diseases and social hygiene to both medical and non-professional groups.

In addition to the preventive and control activities, the Division is currently engaged in four applied research studies:

1. To study the problems of prenatal syphilis
2. To evaluate the completeness of morbidity reporting by private physicians, and the incidence of false positive blood tests for syphilis.
3. To interview military patients for contacts, and at the same time, train military corpsmen in the science and art of interviewing.
4. To evaluate a Transport Media for Delayed Gonococcal Cultures.

During this fiscal year, the Division has had four manuscripts published or accepted for publication in the Medical Journals. Two of these articles were published this fiscal year, and the remaining two, which were prepared and accepted for publication this year, will be published early in fiscal 1955.

BUREAU OF ENVIRONMENTAL SANITATION

Division of Sanitary Engineering

The activities of the Division of Sanitary Engineering have continued to become more varied with increased responsibility being given to it by the legislature.

The new Lawrence Experiment Station building was dedicated on December 15, 1953, although the moving of the Water and Sewage Laboratory from the State House in Boston and the laboratory facilities from the old research station in Lawrence was not completed until nearly the end of the fiscal year. A Board of Consultants was appointed in order to give better guidance to the research program at the new station. In addition, an Advisory Committee was appointed for the development of a plumbing research and teaching laboratory in one section of the new building. As a result of that committee's activities plans are in the process of preparation for making the piping and fixture installations.

A number of bills were filed in the Legislature to prevent or control the fluoridation of public water supplies. While none of these bills were enacted, it did result in a number of the communities deferring action. However, during the fiscal year 1953-54 two additional towns started to fluoridate their water supply, while fluoridation was discontinued in two communities because of an adverse popular vote. The total number of communities now using fluoridated water is 15.

A large amount of the time of the staff is devoted to the stream pollution control program. Work on the North Metropolitan sewer tunnel under Boston Harbor from Chelsea to Deer Island is progressing satisfactorily and work has been started on the Metropolitan sewer tunnel from Columbia Park to Deer Island to serve the Boston Main Drainage Area. A sewage treatment plant is being designed for location on Deer Island.

The Department requested the Director of the Division of Accounts, under the provisions of Chapter 552 of the Acts of 1951, to determine the ability of the city of Northampton and the towns of Fairhaven and Ipswich to finance sewage treatment works. The hearing held in Fairhaven resulted in the determination that the town was unable to finance the project for sewerage of the scope that had been proposed by the town. A restudy is in progress for a possible less costly solution to the problem. Hearings have not been held as yet in the other two communities.

The program of integration of the activities of the municipal and State sanitation workers was given new impetus with the development of a series of conference courses on sanitation problems. These conferences are held each month at five places on different phases of the work. It is believed that these conferences will result in less duplication of effort and better utilization of existing personnel for providing better sanitation at less cost to the taxpayer.

In the shellfish program, a more comprehensive type of area examination is being made under a variety of tidal and wind conditions, thus giving a better picture of the actual conditions. Improvements have been made in methods of operation at the shellfish purification plant in the city of Newburyport although there is the need for research to effect further improvements in operation.

As the result of a grant received from the Kellogg Foundation, a Home Accident Prevention Project was set up in the Division of Sanitary Engineering on August 1, 1953. A sanitary engineer, a public health nurse and a health educator were assigned to the projects. The preliminary phase of the project involving the following activities is almost completed:

1. Studies on approximately 3,900 home accidents were reported to the project from January 1, 1954 to June 30, 1954 and this information has been tabulated for future study.
2. A resource file of films, other visual aids and several hundred pamphlets dealing with home safety and home accident prevention have been assembled for the Project library.
3. A Home Safety exhibit has been constructed and displayed in eight different locations throughout the State.
4. An attempt has been made to determine how various official and voluntary agencies may inaugurate or expand a Home Accident Prevention Program.
5. A "Clean-up, Paint-up, Safety-Days" campaign was promoted in May 1954.

It is hoped that in the Fall of 1954 the staff of this project will be able to concentrate their efforts on the work of establishing Home Accident Prevention Programs in local communities of this Commonwealth.

Division of Food and Drugs

The continued spirit of cooperation between this Division and industry is producing benefits for the consumer. We have gained the confidence of many industrial associations and they in turn have designated representatives to work and cooperate with us. The retailer especially has shown appreciation for the protective work of the Division, which, although primarily on behalf of the consumer, has also benefited the retailer.

There has been an expanding use of trained personnel by food processors and the investment of large sums of money in improving their establishments. They have learned that good sanitary procedures coupled with a clean, wholesome and acceptable product extends sales and increases efficiency of plant operation. Our inspectors have given valuable assistance to the food industry.

One of our biggest problems involves the lack of sufficient personnel to handle our new approach to the food problem and to keep up with the ever pyramiding quantity of work resulting from laws which the Division is required to enforce. Our personnel requests are conservative but continue to be unheeded. Our limited staff will do its best to insure the consuming public a maximum amount of value from our work.

We have also attempted to coordinate our work with the United States Food and Drug Administration, adjacent state agencies, and local authorities. This procedure has been very successful, although the reduced appropriation of the United States Food and Drug Administration has thrown an additional work load on to the shoulders of the state enforcement officers.

This Division has held many conferences with the New England Food and Drug Officials Association as a means of establishing a better mutual aid program in food and drug law enforcement.

The Directors held 229 hearings for violations of laws which must be enforced by the Division, and ordered 44 cases prosecuted in the courts. Of these cases, ten were dismissed and in each of the remaining 34, the defendant was found guilty. Fines amounting to \$1,160 were imposed and paid.

There were 11,876 inspections made by the staff of this Division. The wide gap between the number of hearings and the number of prosecutions indicates that many of the violators were both appreciative of the warnings and the assistance given by the Division and immediately corrected the violations.

The use of the mechanism of a hearing remains an excellent approach in applying our educational philosophy when it is the intent of the person in business to voluntarily cooperate with the Division. Personal contacts by our inspectors involving direct instruction at the source of the violation, are even more desirable.

The inspectors confiscated approximately 4,000 pounds of decomposed and damaged foods. About one thousand pounds of food were confiscated because of fire damage. There were 449 licenses and permits issued, and the fees collected amounted to \$8,322.

Respectfully submitted,

Samuel B. Kirkwood, M.D.
Commissioner of Public Health

Paul F. Flaherty

William H. Griffin, D.M.D.

Paul J. Jakmauh, M.D.

Raymond L. Mutter

Conrad Wesselhoeft, M.D.

Charles F. Wilinsky, M.D.

Public Health Council

12 MONTHS ENDING JUNE 30, 1954

ACCOUNT NUMBER - NAME	1954 APPROPRIATION	1954 EXPENDITURE	1954 BALANCE	ENCUMBERED	UNENCUMBERED BALANCE
<u>4211-00-00 FED GR SYPHILIS CONTROL</u>					
Rapid Treatment	1 500 00	1 311 75	188 25	---	188 25
<u>4213-00-00 FED GR CANCER CONTROL</u>					
Central Administration	7 558 75	5 810 26	1 748 49	1 748 49	---
Health Information	3 242 35	3 238 02	4 33	---	4 33
Accounting	2 649 62	2 414 87	234 75	170 06	64 69
Car Pool	410 35	234 71	175 64	58 44	117 20
Cancer Control	63 814 99	56 066 93	7 748 06	6 999 90	748 16
Training Personnel	775 00	750 00	25 00	25 00	---
TOTAL	78 451 06	68 514 79	9 936 27	9 001 89	934 38
<u>4214-00-00 FED GR GENERAL HEALTH</u>					
Central Administration	3 507 98	3 309 15	198 83	72 47	126 36
Personnel	618 60	347 77	270 83	231 13	39 70
Health Information	23 892 06	23 006 49	885 57	885 57	---
Accounting	22 485 50	21 251 44	1 234 06	1 234 06	---
Nursing Bureau	8 542 41	8 432 84	109 57	62 11	47 46
Nutrition	699 25	428 95	270 30	256 56	13 74
Car Pool	5 582 85	4 723 51	859 34	690 15	169 19
Diagnostic Laboratories	13 049 86	12 994 11	55 75	55 75	---
Nashoba Health Unit	10 000 00	10 000 00	---	---	---
Barnstable	1 500 00	1 500 00	---	---	---
Sanitary Engineering - Central	57 545 79	54 955 62	2 590 17	2 413 55	176 62
S. E. Lawrence Experimental Station	11 073 56	8 472 50	2 601 06	2 350 77	250 29
Amherst	7 899 00	7 429 09	469 91	405 00	64 91
Sanitation	9 643 39	9 423 12	220 27	60 26	160 01
Food & Drug - Central	7 643 40	7 446 35	197 05	160 17	36 88
Food & Drug - Laboratory	7 765 66	7 361 50	404 16	395 80	8 36
Local Health - Central	15 717 66	15 667 26	50 40	32 75	17 65
Southeastern District	5 439 67	5 102 06	337 61	303 63	33 98
South Metropolitan District	4 422 09	4 146 44	275 65	229 72	45 93
North Metropolitan District	3 241 25	3 241 25	---	---	---
Northeastern District	5 547 77	5 153 04	394 73	324 74	69 99
South Central District	5 685 69	5 298 84	386 85	356 77	30 08
North Central District	6 210 25	5 817 90	392 35	286 80	105 55
Connecticut Valley District	4 071 22	3 885 08	186 14	176 46	9 68
Berkshire District	5 215 38	4 898 61	316 77	276 33	40 44
Communicable Disease	8 663 43	7 324 47	1 338 96	1 157 73	181 23

ACCOUNT NAME - NUMBER	1954 APPROPRIATION	1954 EXPENDITURE	1954 BALANCE	ENCUMBERED	UNENCUMBERED BALANCE
Training Personnel	25 601 37	24 354 78	1 246 59	1 006 75	239 84
Boston Health Department	1 602 50	1 602 50	---	---	---
Water & Sewage Laboratory	2 148 70	2 121 85	26 85	---	26 85
Brookline Health Department	134 73	52 50	82 23	---	82 23
Quincy Health Department	1 000 00	1 000 00	---	---	---
Social Service	7 50	7 50	---	---	---
TOTAL	286 158 52	270 756 52	15 402 00	13 425 03	1 976 97

4215-00-00 FED GR CRIPPLED CHILDREN A

Accounting	11 355 12	11 355 12	---	---	---
Car Pool	4 694 30	3 747 40	946 90	585 74	361 16
Southeastern District	12 865 03	12 792 72	72 31	27 00	45 31
South Metropolitan District	4 310 00	4 272 00	38 00	9 45	28 55
South Central District	8 293 35	8 083 40	209 95	209 95	---
North Central District	10 485 13	10 468 08	17 05	16 30	75
Connecticut Valley District	6 781 84	6 769 32	12 52	12 52	---
Berkshire District	4 402 53	4 347 35	55 18	11 00	44 18
Orthopedic	79 831 88	67 156 07	12 675 81	7 037 99	5 637 82
Pittsfield	135 04	127 80	7 24	---	7 24
Springfield	254 81	---	254 81	---	254 81
TOTAL	143 409 03	129 119 26	14 289 77	7 909 95	6 379 82

CRIPPLED CHILDREN A FEDERAL CREDIT

4216-00-00 FED GR CRIPPLED CHILDREN B

Central Administration	1 434 53	66 50	1 368 03	1 368 03	---
Accounting	366 20	193 03	173 17	173 17	---
Car Pool	510 93	369 89	141 04	139 71	1 33
Southeastern District	120 00	103 85	16 15	---	16 15
South Metropolitan District	129 27	112 98	16 29	8 50	7 79
Northeastern District	300 00	297 99	2 01	---	2 01
South Central District	200 00	193 02	6 98	---	6 98
North Central District	160 00	113 35	46 65	41 50	5 15
Connecticut Valley District	3 890 25	3 856 72	33 53	30 00	3 53
Berkshire District	120 00	119 70	30	---	30
Orthopedic	34 203 11	22 010 54	12 192 57	12 192 57	---
Training Personnel	805 00	752 50	52 50	52 50	---
TOTAL	42 239 29	28 190 07	14 049 22	14 005 98	43 24

ACCOUNT NAME - NUMBER

4217-00-00 FED GR MATERNAL & CHILD

HEALTH A

	1954 APPROPRIATION	1954 EXPENDITURE	1954 BALANCE	ENCUMBERED	UNENCUMBERED BALANCE
Central Administration	4 907 27	4 039 74	867 53	202 60	664 93
Personnel	190 00	190 00	---	---	---
Health Information	28 183 63	27 981 72	201 91	196 09	5 82
Accounting	6 560 30	6 527 32	32 98	---	32 98
Nursing Bureau	10 851 01	10 788 69	62 32	38 21	24 11
Nutrition Bureau	50 00	49 98	02	---	02
Car Pool	533 38	533 38	---	---	---
Nashoba	1 000 00	1 000 00	---	---	---
Cambridge	2 194 30	1 855 07	339 23	---	339 23
Local Health - Central	1 047 69	1 046 69	1 00	---	1 00
Southeastern District	790 01	---	790 01	161 30	628 71
South Metropolitan District	2 643 27	2 573 09	70 18	20 18	50 00
North Metropolitan District	4 149 73	3 997 50	152 23	8 42	143 81
Northeastern District	9 028 49	8 096 63	931 86	329 28	602 58
South Central District	6 910 00	6 871 69	38 31	---	38 31
North Central District	76 00	66 82	9 18	---	9 18
Connecticut Valley District	25 00	7 95	17 05	15 00	2 05
Berkshire District	4 934 29	4 821 50	112 79	---	112 79
Maternal & Child Health A	67 845 31	60 664 12	7 181 19	2 641 30	4 539 89
Training Personnel	10 867 10	8 262 10	2 605 00	1 632 00	973 00
Pittsfield	1 265 00	655 00	610 00	610 00	---
Maternal Mortality	845 00	500 00	345 00	---	345 00
TOTAL	164 896 78	150 528 99	14 367 79	5 854 38	8 513 41

MATERNAL & CHILD HEALTH A FEDERAL CREDIT

4218-00-00 FED GR MATERNAL & CHILD

HEALTH B

Central Administration	1 362 85	1 297 85	65 00	65 00	---
Personnel Administration	2 320 00	2 320 00	---	---	---
Health Information	203 57	119 91	83 66	83 66	---
Accounting	437 15	185 77	251 38	189 18	62 20
Nursing Bureau	4 685 14	4 649 58	35 56	35 56	---
Car Pool	3 192 00	2 025 53	1 166 47	373 19	793 28
Cambridge	995 00	794 42	200 58	189 86	10 72
Maternal Mortality	1 720 00	710 00	1 010 00	1 010 00	---
North Metropolitan	100 00	99 53	47	---	47
Maternal & Child Health B	19 505 99	18 903 54	602 45	424 19	178 26
Infant Mortality	510 00	380 00	130 00	---	130 00

ACCOUNT NAME - NUMBER	1954 APPROPRIATION	1954 EXPENDITURE	1954 BALANCE	ENCUMBERED	UNENCUMBERED BALANCE
Training Personnel	405 00	405 00	---	---	---
Dental Health	9 420 13	7 865 27	1 554 86	1 488 60	66 26
TOTAL	44 856 83	39 756 40	5 100 43	3 859 24	1 241 19
4219-00-00 FED GR VENEREAL DISEASE CONTROL					
Venereal Disease					
Training Personnel	3 792 84	3 178 86	613 98	389 22	224 76
	25 00	25 00	---	---	---
TOTAL	3 817 84	3 203 86	613 98	389 22	224 76
4221-00-00 FED GR TUBERCULOSIS CONTROL					
Central Administration					
Personnel	2 194 80	2 194 80	---	---	---
	84 02	84 02	---	---	---
Health Information					
Accounting	3 300 00	3 300 00	---	---	---
Car Pool	17 207 40	16 974 87	232 53	230 00	2 53
Tuberculosis - Central	9 025 13	7 432 81	1 592 32	1 592 32	---
Tuberculosis - Clinics	24 844 40	20 607 78	4 236 62	4 148 00	88 62
	52 980 75	47 912 61	5 068 14	5 068 14	---
Diagnostic Laboratory	2 997 30	2 997 30	---	---	---
Boston City Hospital	4 695 98	3 908 55	787 43	787 43	---
Cambridge Hospital	3 304 49	2 077 12	1 227 37	1 227 37	---
Hampden County	4 868 57	3 388 98	1 479 59	1 479 59	---
Boston Health	9 252 98	4 771 36	4 481 62	4 481 62	---
Lowell Health Department	4 210 18	3 947 42	262 76	262 76	---
New Bedford Health Department	4 330 06	4 053 90	276 16	276 16	---
South Metropolitan	2 880 00	2 880 00	---	---	---
Northeastern District	2 519 09	2 519 09	---	---	---
Training Personnel	8 033 93	8 008 93	25 00	25 00	---
Essex County	13 64	13 64	---	---	---
TOTAL	156 742 72	137 073 18	19 669 54	19 578 39	91 15
4222-00-00 FED GR WATER POLLUTION					
	46 94	---	46 94	---	46 94
4223-00-00 FED GR HEART DISEASE CONTROL					
Central Administration					
Health Information	1 957 88	1 607 89	349 99	---	349 99
Accounting	3 541 17	3 162 47	378 70	378 70	---
Heart Control	2 704 14	2 526 42	177 72	177 72	---
Training Personnel	25 590 35	24 660 76	929 59	307 70	621 89
	1 575 00	1 550 00	25 00	25 00	---
	35 368 54	33 507 54	1 861 00	889 12	971 88

ACCOUNT NAME - NUMBER	1954 APPROPRIATION	1954 EXPENDITURE	1954 BALANCE	ENCUMBERED	UNENCUMBERED BALANCE
4225-00-00 FED GR CR CHILDREN RES B					
Rheumatic Fever	34 921 06	32 795 66	2 125 40	720 06	1 405 34
Training Personnel	9 375 00	8 250 00	1 125 00	1 125 00	---
TOTAL	44 296 06	41 045 66	3 250 40	1 845 06	1 405 34
4226-00-00 FED GR MATERNAL & CHILD HEALTH RES B					
Training Personnel	171 154 90	123 927 94	47 226 96	33 419 92	13 807 04
Project for Diabetic Women	12 880 00	190 98	12 689 02	12 689 02	---
Institute Child Growth & Development	9 022 00	9 022 00	---	---	---
TOTAL	193 056 90	133 140 92	59 915 98	46 108 94	13 807 04
4227-00-00 FED GR HOSPITAL SURVEY & PLANNING	10 78	10 78	---	---	---
4229-00-00 FED GR HEART RESEARCH GRANT	21 12	21 12	---	---	---
4230-00-00 FED GR WATER POLLUTION RESEARCH	4 392 48	4 372 56	19 92	---	19 92
4232-00-00 FED GR VENEREAL DISEASE RESEARCH					
Wassermann	3 277 69	3 268 39	9 30	---	9 30
V. D. Research	143 53	---	143 53	---	143 53
TOTAL	3 421 22	3 268 39	152 83	---	152 83
4233-00-00 FED GR NEUROSYPHILIS STUDY	8 353 76	7 155 65	1 198 11	1 198 11	---
4234-00-00 FED GR TECHNICAL COOPERATION ADMIN.	25 000 00	12 883 26	12 116 74	---	12 116 74
6160-01-00 BLOOD RESEARCH	6 352 91	1 786 73	4 566 18	---	4 566 18
6167-01-00 W. K. KELLOGG FOUNDATION TRUST FUND	33 057 07	19 891 83	13 165 24	---	13 165 24
6168-01-00 W. K. KELLOGG HOME ACCIDENT PROGRAM	45 922 30	22 730 41	23 191 89	---	23 191 89
6169-01-00 C. H. HOOD CHILD ACCIDENT PREVENTION	5 140 00	2 223 74	2 916 26	---	2 916 26
6170-01-00 C. H. HOOD FERNALD EXPERIMENT	3 957 00	951 08	3 005 92	---	3 005 92
GRAND TOTAL - FEDERAL & OTHER GRANTS	1 330 735 88	1 111 711 22	219 024 66	124 065 31	94 959 35

THE PRINCIPAL FINANCIAL ITEMS OF
THIS REPORT ARE IN AGREEMENT
WITH THE COMPTROLLER'S BOOKS.

September 29, 1954
DATE
Joseph A. Thompson
CHECKED BY
J. Ralph E. Houghton
COMPTROLLER

DEPARTMENT OF PUBLIC HEALTH
FINANCIAL REPORT
STATE FUNDS
TWELVE MONTHS ENDED JUNE 30, 1954

<u>NEW ENGLAND INTERSTATE WATER POLLUTION</u>	
<u>CONTROL COMMISSION 0455-01</u>	
-03 Services, Non-Employees	
-10 Travel & Automotive Expenses	
-18 Special Outlay	
<u>COMMISSIONER'S SALARY 2001-01</u>	
-01 Salaries, Permanent	
<u>DIVISION OF ADMINISTRATION 2001-02</u>	
-01 Salaries, Permanent	
-03 Services, Non-Employees	
-10 Travel & Automotive Expenses	
-11 Advertising & Printing	
-12 Repairs, Alterations & Additions	
-13 Special Supplies & Expenses	
-14 Office & Administrative Expenses	
-15 Equipment	
-16 Rentals	
<u>BUREAU OF INSTITUTIONS, DIVISION OF TUBERCULOSIS & SANATORIA 2010-01</u>	
-01 Salaries, Permanent	
-02 Salaries, Other	
-03 Services, Non-Employees	
-07 Laboratory, Medical & Gen'l Care	
-10 Travel & Automotive Expenses	
-11 Advertising & Printing	
-12 Repairs, Alterations & Additions	
-14 Office & Administrative Expenses	
-15 Equipment	

1954 APPROPRIATION	1954 EXPENDITURES	1954 BALANCE
600 00	600 00	---
630 00	600 00	30 00
6 500 00	6 500 00	---
12 500 00	12 500 00	---
139 675 00	137 730 52	1 944 48
200 00	122 00	78 00
16 064 00	15 576 47	487 53
1 700 00	1 644 63	55 37
7 450 00	7 351 96	98 04
1 000 00	1 000 00	---
15 250 00	15 183 83	66 17
1 330 00	1 224 45	105 55
4 512 00	2 648 00	1 864 00
126 755 00	122 755 00	4 000 00
355 00	352 27	2 73
525 00	---	525 00
96 150 00	96 142 49	7 51
2 750 00	2 518 59	231 41
600 00	492 14	107 86
670 00	668 53	1 47
1 775 00	1 772 48	2 52
480 00	450 58	29 42

	1954 APPROPRIATION	1954 EXPENDITURES	1954 BALANCE
<u>SUBSIDIES FOR TUBERCULAR PATIENTS 2010-05</u>			
-17 State Aid	450 000 00	447 641 91	2 358 09
<u>DIVISION OF LABORATORIES 2010-10</u>			
-01 Salaries, Permanent	329 230 00	316 747 40	12 482 60
-02 Salaries, Other	107 245 00	98 173 75	9 071 25
-03 Services, Non-Employees	820 00	819 67	33
-06 Housekeeping Supplies	600 00	374 56	225 44
-07 Laboratory, Medical & Gen'l Care	57 026 00	53 417 27	3 608 73
-08 Heat & Other Plant Operation	25 630 00	23 197 40	2 432 60
-10 Travel & Automotive Expenses	610 00	605 20	4 80
-11 Advertising & Printing	3 995 00	3 950 29	44 71
-12 Repairs, Alterations & Additions	28 575 00	27 736 94	838 06
-13 Special Supplies & Expenses	50 00		50 00
-14 Office & Administrative Expenses	15 100 00	13 551 57	1 548 43
-15 Equipment	11 989 00	11 759 07	229 93
-16 Rentals	9 940 00	9 939 52	48
<u>BLOOD TYPING PROGRAM 2010-11</u>			
-00	10 000 00	9 993 92	6 08
<u>DIVISION OF HOSPITALS 2010-30</u>			
-01 Salaries, Permanent	68 675 00	68 235 45	439 55
-02 Salaries, Other	8 365 00	8 365 00	---
-03 Services, Non-Employees	50 00	3 00	47 00
-07 Laboratory, Medical & Gen'l Care	100 00	28 04	71 96
-10 Travel & Automotive Expenses	1 250 00	1 150 00	100 00
-11 Advertising & Printing	200 00	195 98	4 02
-12 Repairs, Alterations & Additions	100 00	27 28	72 72
-13 Special Supplies & Expenses	100 00	100 00	---
-14 Office & Administrative Expenses	1 600 00	1 559 81	40 19
-15 Equipment	125 00	112 50	12 50
-16 Rentals	4 155 00	4 150 28	4 72

	1954 APPROPRIATION	1954 EXPENDITURES	1954 BALANCE
<u>DIVISION OF CHRONIC DISEASES 2010-40</u>			
-01 Salaries, Permanent	67 340 00	66 218 51	1 121 49
-02 Salaries, Other	470 00	---	470 00
-03 Services, Non-Employees	35 000 00	34 896 00	104 00
-07 Laboratory, Medical & Gen'l Care	49 850 00	49 750 67	99 33
-08 Heat & Other Plant Operation	720 00	720 00	---
-10 Travel & Automotive Expenses	600 00	600 00	---
-11 Advertising & Printing	465 00	412 69	52 31
-12 Repairs, Alterations & Additions	100 00	98 00	2 00
-14 Office & Administrative Expenses	2 400 00	2 013 91	386 09
-15 Equipment	535 00	532 10	2 90
-16 Rentals	11 195 00	11 031 00	164 00
<u>HEART DISEASE PROGRAM 2010-60</u>			
-02 Salaries, Other	2 600 00	2 591 14	8 86
-03 Services, Non-Employees	450 00	50 00	400 00
-07 Laboratory, Medical & Gen'l Care	10 020 00	10 020 00	---
-10 Travel & Automotive Expenses	330 00	330 00	---
-11 Advertising & Printing	300 00	230 51	69 49
-13 Special Supplies & Expenses	100 00	6 25	93 75
-14 Office & Administrative Expenses	300 00	259 85	40 15
-15 Equipment	900 00	658 00	242 00
<u>MUSCULAR DYSTROPHY CLINICS 2010-70</u>			
-07 Laboratory, Medical & Gen'l Care	1 400 00	1 400 00	---
-15 Equipment	1 200 00	1 052 07	147 93

[illegible]

1954 APPROPRIATION

1954 EXPENDITURES

1954 BALANCE

BUREAU OF ENVIRONMENTAL SANITATION 2015-01

-01 Salaries, Permanent
-02 Salaries, Other
-03 Services, Non-Employees
-06 Housekeeping Supplies
-07 Laboratory, Medical & Gen'l Care
-08 Heat & Other Plant Operation
-10 Travel & Automotive Expenses
-11 Advertising & Printing
-12 Repairs, Alterations & Additions
-13 Special Supplies & Expenses
-14 Office & Administrative Expenses
-15 Equipment
-16 Rentals

432 114 00
16 096 00
1 650 00
600 00
10 600 00
4 905 00
12 400 00
3 950 00
3 075 00
3 712 00
4 400 00
13 998 00
200 00

5 802 89
-
31 70
168 83
38 56
114 59
157 61
715 52
279 03
10
319 28
418 66

BUREAU OF PREVENTIVE MEDICINE
DIVISION OF PREVENTIVE MEDICINE 2020-01

-01 Salaries, Permanent
-02 Salaries, Other
-03 Services, Non-Employees
-07 Laboratory, Medical & Gen'l Care
-08 Heat & Other Plant Operation
-10 Travel & Automotive Expenses
-11 Advertising & Printing
-12 Repairs, Alterations & Additions
-13 Special Supplies & Expenses
-14 Office & Administrative Expenses
-15 Equipment
-16 Rentals

245 780 00
9 120 00
2 125 00
60 900 00
770 00
8 000 00
2 000 00
1 200 00
260 00
5 285 00
2 635 00
10 500 00

10 079 71
1 937 59
-
2 614 02
-
1 679 17
23 83
49 23
2 00
4 93
15 67
2 60

1. The first part of the report is a general introduction to the subject of the study.

2. The second part of the report is a detailed description of the methods used in the study.

3. The third part of the report is a detailed description of the results of the study.

4. The fourth part of the report is a detailed description of the conclusions of the study.

5. The fifth part of the report is a detailed description of the recommendations of the study.

6. The sixth part of the report is a detailed description of the conclusions of the study.

7. The seventh part of the report is a detailed description of the conclusions of the study.

8. The eighth part of the report is a detailed description of the conclusions of the study.

	1954 APPROPRIATION	1954 EXPENDITURE	1954 BALANCE
<u>DIVISION OF COMMUNICABLE DISEASES 2020-10</u>			
-01 Salaries, Permanent	80 000 00	75 037 42	4 962 58
-02 Salaries, Other	28 140 00	27 574 24	565 76
-03 Services, Non-Employees	400 00	400 00	---
-07 Laboratory, Medical & Gen'l Care	287 080 00	285 012 72	2 067 28
-10 Travel & Automotive Expenses	1 350 00	1 348 60	1 40
-11 Advertising & Printing	2 000 00	1 995 86	4 14
-12 Repairs, Alterations & Additions	200 00	161 28	38 72
-13 Special Supplies & Expenses	100 00	97 90	2 10
-14 Office & Administrative Expenses	2 573 00	2 342 24	230 76
-15 Equipment	835 00	647 98	187 02
-16 Rentals	2 220 00	2 220 00	---
<u>DIVISION OF ALCOHOLISM 2020-20</u>			
-02 Salaries, Other	16 570 00	14 182 27	2 387 73
-03 Services, Non-Employees	500 00	25 00	475 00
-07 Laboratory, Medical & Gen'l Care	113 200 00	101 759 28	11 440 72
-08 Heat & Other Plant Operation	120 00	120 00	---
-10 Travel & Automotive Expenses	600 00	413 78	186 22
-11 Advertising & Printing	500 00	448 06	51 94
-12 Repairs, Alterations & Additions	25 00	25 00	---
-14 Office & Administrative Expenses	775 00	666 13	108 87
-15 Equipment	355 00	262 65	92 35
-16 Rentals	480 00	480 00	---
GRAND TOTALS - MAINTENANCE ACCOUNTS	3 153 574 00	3 059 580 34	93 993 66

TOTAL RECEIPTS FOR TWELVE MONTHS ENDED JUNE 30, 1954..... 121 691 27

	1954 APPROPRIATION	1954 EXPENDITURE	1954 BALANCE
<u>LEMUEL SHATTUCK HOSPITAL 2026-00</u>			
-01 Salaries, Permanent	75 015 00	59 576 47	15 438 53
-02 Salaries, Other	50 000 00	46 823 37	3 176 63
-03 Services, Non-Employees	520 00	40 00	480 00
-04 Food	12 700 00	4 530 10	8 169 90
-05 Clothing	2 000 00	- - - -	2 000 00
-06 Housekeeping Supplies	2 175 00	1 797 06	377 94
-07 Laboratory, Medical & Gen'l Care	33 860 00	2 566 04	31 293 96
-08 Heat & Other Plant Operation	42 410 00	23 289 39	19 120 61
-09 Farm & Grounds	300 00	- - - -	300 00
-10 Travel & Automotive Expenses	435 00	175 00	260 00
-11 Advertising & Printing	5 000 00	152 81	4 847 19
-12 Repairs, Alterations & Additions	110 00	104 39	5 61
-14 Office & Administrative Expenses	3 775 00	2 632 07	1 142 93
TOTALS OF 2026-00	228 300 00	141 686 70	86 613 30
 CHRONIC DISEASES HOSPITAL 7720-01-00	3 054 992 31	2 167 618 27	887 374 04
CHRONIC DISEASES HOSPITAL 7820-01-00	3 772 373 85	3 667 226 64	105 147 21
CHRONIC DISEASES HOSPITAL 8254-24-00	950 000 00	224 699 10	725 300 90
TOTALS OF CHRONIC DISEASES HOSPITAL.....	7 777 366 16	6 059 544 01	1 717 822 15

THE UNIVERSITY OF CHICAGO
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- 6 -
SPECIALS

	1954 APPROPRIATION	1954 EXPENDITURE	1954 BALANCE
<u>HYAMS LABORATORY ADDITION</u> <u>2001-21</u>	160 631 85	119 198 48	41 433 37
(6/30/55)			
<u>CONSTRUCTION OF GAGING STATION -</u>			
<u>CANTON RIVER -</u> <u>2015-23</u>	889 53	239 53	650 00
(6/30/54)			
<u>MOVING WATER LABORATORY</u> <u>2015-24</u>	7 000 00	1 380 25	5 619 75
(6/30/55)			
<u>STUDY OF IMPROVEMENT OF CERTAIN PONDS</u> <u>2015-25</u>	13 000 00	12 630 74	369 26
(12/1/54)			
<u>INVESTIGATION RELATIVE TO EXTENSION OF</u>			
<u>METROPOLITAN DISTRICT SEWERAGE TO INCLUDE</u>			
<u>WILMINGTON</u> <u>2015-26</u>	4 000 00	2 984 83	1 015 17
(12/2/53)			
<u>STUDY OF IMPROVEMENT OF CERTAIN PONDS-</u>			
<u>RELIEF OF MIDGE NUISANCE-TOWN OF MERRIMAC</u>	2 000 00	- - - - -	2 000 00
<u>2015-27</u> <u>(12/1/54)</u>			
<u>LAND & NEW BUILDING AT LAWRENCE EXPERIMENT</u>			
<u>STATION 7720-02</u> <u>(6/30/55)</u>	327 851 83	220 194 60	107 657 23
TOTALS OF SPECIALS.....	515 373 21	356 628 43	158 744 78

THE PRINCIPAL FINANCIAL ITEMS OF
THIS REPORT ARE IN AGREEMENT
WITH THE COMPTROLLER'S BOOKS

DATE September 29 1954 CHECKED BY Joseph C. Lawrence
Robert E. Huntington
 COMPTROLLER

FORTY-FIRST ANNUAL REPORT

of the

Mass. DEPARTMENT OF PUBLIC HEALTH

July 1, 1954 to June 30, 1955

filed with

The Secretary of the Commonwealth

p. 51 omitted in summary
but Report is complete

MASS. DEPT. OF PUB. HEALTH
BOSTON, MASS.

STATE HOUSE OF MASSACHUSETTS

DEC 14 1955

STATE HOUSE, BOSTON

MASS OFFICIALS

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MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

July 1, 1955

Commissioner of Public Health, Samuel B. Kirkwood, M.D.

PUBLIC HEALTH COUNCIL

Samuel B. Kirkwood, M.D., Chairman

Paul F. Flaherty, 1950-56

Raymond L. Mutter, 1947-59

William H. Griffin, D.M.D., 1945-57

Conrad Wesselhoeft, M.D., 1953-60

Paul J. Jakmauh, M.D., 1949-61

Charles F. Wilinsky, M.D., 1946-58

Florence L. Wall, Secretary

BUREAU OF ADMINISTRATION

Leon A. Bradley, Ph.D., Bureau Chief

Division of Administration

Fiscal Section

Personnel Section

Legal Section

Leon A. Bradley, Ph.D., Director

Harry W. Attwood, Chief of Section

Mary C. Baker, B.A., M.P.H., Chief of Section

Jerome P. Troy, Chief of Section

Division of Training and Research

Division of Health Information

Louis Cohen, M.D., D.P.H., Director

BUREAU OF HEALTH SERVICES

Robert E. Archibald, M.D., Bureau Chief

Division of Local Health Services

Robert E. Archibald, M.D., M.P.H.,
Director and Deputy Commissioner

District Health Officers:

Southeastern District
Lakeville State Sanatorium,
Middleboro

Grace E. Lutman, M.D.

Northeastern District
North Reading State
Sanatorium, N. Wilmington

Walter J. Pennell, M.D.

Worcester Central District
74 Front St., Worcester

Gilbert E. Gayler, M.D.

Central District (North)
Rutland State Sanatorium,
Rutland

Arthur E. Burke, M.D.

Western District
University of Massachusetts,
Amherst
246 North St., Pittsfield

Walter W. Lee, M.D.

T. Aidan Cockburn, M.D., Asst. District
Health Officer

Civil Defense Section

Thomas F. Maher, Chief

Nursing Section

Ethel C. Brooks, R.N., B.S., Chief

Social Work Section

Catherine M. Casey, Chief

Nutrition Section

Dorothea Nicoll, M.S., Chief

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Division of Maternal and Child
Health Services
Crippled Children Services

R. Gerald Rice, M.D., M.P.H., Director
Janice Rafuse, M.D., M.P.H.

BUREAU OF HOSPITAL FACILITIES
A. Daniel Rubenstein, M.D., Bureau Chief

Division of Hospital Facilities
Survey and Construction

A. Daniel Rubenstein, M.D.
Arthur V. Harrington

BUREAU OF PREVENTIVE DISEASE CONTROL
Herbert L. Lombard, M.D., Bureau Chief

Division of Cancer and Chronic
Diseases

Herbert L. Lombard., M.D., M.P.H.,
Director

Division of Communicable Diseases

Rey F. Peemster, M.D., Dr.P.H., Director

Division of Venereal Diseases

Nicholas P. Fiumara, M.D., M.P.H., Director

Division of Dental Health

William D. Wellock, D.M.D., M.P.H.

Division of Alcoholism

James B. Moloney, M.D., Director

BUREAU OF ENVIRONMENTAL SANITATION
Clarence I. Sterling, Jr., Bureau Chief

Division of Sanitary Engineering

Clarence I. Sterling, Jr., D.E., Director

Division of Food and Drugs

George A. Michael, Director

BUREAU OF TUBERCULOSIS AND INSTITUTIONS
William H. Weidman, M.D., Bureau Chief

Division of Tuberculosis Control

William H. Weidman, M.D., Director

Division of Sanatoria

Lakeville State Sanatorium
North Reading State Sanatorium
Rutland State Sanatorium
Westfield State Sanatorium
Pondville Hospital
Lemuel Shattuck Hospital
Massachusetts Hospital School

Harry A. Clark, M.D., Superintendent
Claire W. Twinn, M.D., Superintendent
Paul Dufault, M.D., Superintendent
Wilson W. Knowlton, M.D., M.P.H., Supt.
George L. Parker, M.D., Superintendent
William H. H. Turville, M.D., Supt.
John J. Carroll, M.D., Superintendent

BUREAU OF INSTITUTE OF LABORATORIES
Johannes Ipsen, M.D., M.P.H., Bureau Chief

Division of Biologic Laboratories

James M. McComb, D.V.M., Director

Division of Diagnostic Laboratories

Robert A. MacCreedy, M.D., Director

ANNUAL REPORT OF PUBLIC HEALTH COUNCIL

Samuel B. Kirkwood, M.D., Chairman

Herewith is submitted the annual report of the Public Health Council for the fiscal year ending June 30, 1955.

Meetings

Regular monthly meetings were held in accordance with General Laws, Chapter 17, Section 3. The September, 1954 meeting was held at Nantucket, the January, 1955 meeting at Lemuel Shattuck Hospital, and the June, 1955 meeting at Amherst.

A special meeting was held on September 9, 1954 to take action on certain matters occasioned by 1954 legislation, namely, Chapter 516, relative to the placement of public welfare patients in licensed homes, hospitals, and other institutions, and Chapter 664, relative to the use of stabilizers and emulsifiers in frozen desserts.

Because the Council had not visited Nantucket since 1949, in September a meeting was arranged with the Board of Selectmen at which local problems were discussed, particularly the polio situation at Nantucket in the summer of 1954, programs for vaccination and inoculation of school children, sanitation and food handling. The Council also inspected the present buildings housing the Nantucket Cottage Hospital and viewed the site of the proposed hospital. The town's sewage disposal and sewage treatment works were also inspected.

On September 27, 1954 the Council met with the State Advisory Council for the Administration of the Hospital Survey and Construction Act to consider the revision of the State Plan and the proposed survey of facilities required by the Wolverton Bill (Public Law 482).

On June 15, 1955, Mr. Joseph A. McCarthy, Chief, Lawrence Experiment Station, reported to the Council on toxicity of shellfish which has recently become a health problem along the Pacific coast, Alaska, the Bay of Fundy and the St. Lawrence River. Mr. McCarthy brought the Council up-to-date information obtained at a conference in Washington attended by representatives of the Public Health Service, the Federal Milk and Food Research Center, the Federal Food and Drug Administration, the Federal Fish

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and Wildlife Service, the Chemical Corps of the United States Army, the Canadian Department of National Health and Welfare and certain of the United States. A standardized test was agreed upon which for the present will be performed only by the American and Canadian Food and Drug Administrations. Should toxicity be found in shellfish the only control measure is quarantine which must run for four or five months; for instance, the Canadian authorities have instituted quarantine in parts of the Bay of Fundy from the middle of June until cold weather. The farther out to sea the higher the toxicity in mussels, this being caused by an organism coming in from outside salt water; therefore, with severe storms and winds Winthrop and areas on Cape Cod might be affected. While nothing of this nature has occurred here as yet, there is a possibility that it may occur, and if so, the only control measure is quarantine as noted above.

A special meeting was held at Amherst on June 16, 1955, in connection with the Ninth Annual Public Health Conference.

Another special meeting was called on June 17, 1955 to receive the report of the Commissioner on the State-wide Civil Defense alert of June 15 and 16, and also the report of the Commissioner on the June 16 meeting of the Massachusetts Polio Advisory Committee at which time it was decided to postpone vaccine inoculations during the summer when the polio season is imminent.

The Committee on Environmental Sanitation, composed of Dr. Jakmauh, Chairman, Mr. Mutter and the Commissioner, has met regularly during the year prior to the regular Council meetings to study matters of sanitary significance and prepare recommendations on these matters for presentation to the full meeting of the Council.

General Duties

The Council has carried out its regular duties under authority of General Laws, Chapter 111, Section 3, and other statutes. These duties include the approval and licensing of hospitals, hospital blood banks, convalescent and nursing homes, boarding homes for the aged, public medical institutions, city and town infirmaries, dispensaries, and dental clinics; the certification of laboratories which meet the Department's minimum standards; approval of appointments of professional personnel in the Department and at State and county sanatoria; approval of contracts between Medical Milk Commissions and dairies for the production and sale of certified milk; approval of food regulations of local communities which submit their regulations under authority of General Laws, Chapter 94, Section 146; advice to cities and towns and official

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agencies on sanitary problems of water supply, sewage disposal, nuisances and prevention of pollution of inland and tidal waters; and approval of out-of-state shellfish dealers who have been approved by their respective state shellfish authorities and certified by the Public Health Service.

Contracts were approved and signed on behalf of the Commonwealth for the care of tuberculosis patients at State and county sanatoria. Chapter 538 of the Acts of 1954 authorized the Department to approve contracts made by cities and towns for the care of tubercular patients; under this authority a contract between the town of Brookline and the County of Norfolk for the care of Brookline patients at the Norfolk County Hospital was approved; also a contract was entered into by the Commonwealth with the city of Fitchburg for the care of patients from that city at Rutland State Sanatorium.

An agreement between the Commonwealth and the Geological Survey, United States Department of the Interior, for the investigation of water resources and stream gaging work was approved and signed.

Special Activities

Under authority of Chapter 664 of the Acts of 1954 the Council on September 9, 1954 approved a list of stabilizers and emulsifying ingredients for use in frozen desserts.

The duties of the Division of Smoke Inspection were transferred from the Department of Public Utilities to the Department of Public Health by Chapter 672 of the Acts of 1954. To coordinate these duties with the present duties of the Division of Sanitary Engineering the Council, on December 6, 1954, adopted a policy for the holding of hearings and the enforcement of rules and regulations made under this law.

In December, 1954, the Council went on record in opposition to a bill introduced into the 1955 Legislature which would suspend until July, 1960 the provisions of the stream pollution law and thus be a serious backward step toward control of the pollution of the Connecticut River. Subsequently this bill was defeated in the Legislature.

Considerable study was given to a plan of Department reorganization as presented by the Chairman, and at the April 12, 1955 meeting the Council approved certain changes in the organization of the Department, notably

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enlarging the number of bureaus to seven. At the same time the following Division Directors were designated as Deputy Commissioners under authority of General Laws, Chapter 17, Section 5: Dr. Robert E. Archibald, Dr. A. Daniel Rubenstein, and Mr. Clarence I. Sterling, Jr.

Public Hearings

On November 9, 1954, the Council held a public hearing on a community's appeal from the Department's decision to close a local infirmary because of failure to comply with safety regulations and the Department's standards for licensure.

Under authority of Chapter 152 of the Acts of 1946 the Director of the Division of Sanitary Engineering conducted three public hearings on the acquisition of lands for the protection of public water supplies of Attleboro, North Attleboro, and Andover; three public hearings relative to land takings for sewage disposal purposes for the towns of Shrewsbury, Deerfield and Chester; and a public hearing on proposed minimum housing rules and regulations. The information presented at these hearings was presented to subsequent meetings of the Council for action.

Regulations

On March 8, 1955, revised Minimum Housing Rules and Regulations were approved and adopted in accordance with the provisions of General Laws, Chapter 111, Section 128C, as inserted by Chapter 209 of the Acts of 1954. Previous to this action the regulations were discussed at informal conferences with various authorities in five different parts of the State, and were approved by the Division of Slum Clearance and Urban Redevelopment of the Federal Housing and Home Finance Agency.

Legislative Reports

Reports prepared by the Department were approved by the Council and filed with the Legislature under authority of various resolves as follows:

Relative to the improvement of Straits Pond in Hull and Cohasset made by a joint board consisting of the Department, the State Reclamation Board and the Port of Boston Commission, under Chapter 49 of the Resolves of 1954;

Relative to the improvement of conditions at Musquashiat Pond in Scituate, made by this Department, the Department of Public Works, and the State Reclamation Board, acting as a joint board, under Chapter 89 of the Resolves of 1954;

Relative to the elimination and control of submerged weeds in certain great ponds and tidal estuaries of the Commonwealth, made by a joint board consisting of the Department of Public Works, the Department of Public Health and the Department of Natural Resources, under Chapter 65 of the Resolves of 1954; and

Relative to the elimination and prevention of pollution in the Lees River in Swansea and Somerset, made by this Department and the Department of Public Works, acting as a joint board, under Chapter 66 of the Resolves of 1954.

Hospital Survey and Construction

In September, 1954, the Council submitted to His Excellency Governor Herter a list of names of persons to be appointed to fill vacancies and to enlarge the State Advisory Council for the Administration of the Hospital Survey and Construction Act. These names included representative hospital administrators, hospital trustees, health officers, boarding home operators, members of the Massachusetts Medical Society, construction engineers, and the laity. In accordance with the Council's request, His Excellency appointed these seventeen new members. The State Advisory Council for the Administration of the Hospital Survey and Construction Act is now composed of thirty-seven members.

Approval was given during the year to applications from the following hospitals for financial assistance in construction of equipment, each project having been previously considered by the State Advisory Council for the Administration of the Hospital Survey and Construction Act:

Burbank Hospital, Fitchburg, for addition to present facility, half of the funds for this grant having been allotted last year
Boston Lying-In Hospital, to provide teaching facilities

Goddard Hospital, Brockton, for a new general hospital to replace existing facility
Nantucket Cottage Hospital, for a new general hospital to replace existing facility
St. Anne's Hospital, Fall River, for an addition to existing facility
Union Hospital, Fall River, for an addition to existing facility.

The 1954 Annual Revision of the Massachusetts State Plan for the Administration of the Hospital Survey and Construction Act was approved by the Council on September 27, 1954.

Personnel

There was no change in membership of the Council during the fiscal year, Dr. Paul J. Jakmauh having been reappointed by Governor Herter in May, 1955, for another six year term. On June 30, 1955, the membership of the Public Health Council was as follows:

Samuel B. Kirkwood, M.D., Chairman

Paul F. Flaherty, 1950-56	Raymond L. Mutter, 1947-59
William H. Griffin, D.M.D., 1945-57	Conrad Wesselhoeft, M.D., 1953-60
Charles F. Wilinsky, M.D., 1946-58	Paul J. Jakmauh, M.D., 1949-61

Acceptance of Report

At a meeting of the Department on November 22, 1955, the Commissioner presented to the Council a report of the Department of Public Health for the fiscal year 1954, and it was voted that this report, together with the foregoing brief summary of the activities of the Public Health Council, be approved and adopted as the report of the Department of Public Health for the fiscal year 1954.

FORTY-FIRST ANNUAL REPORT OF THE COMMISSIONER OF PUBLIC HEALTH

To the Public Health Council:

Gentlemen:

I have the honor to submit the forty-first annual report of the Department of Public Health, for the fiscal year ending June 30, 1955.

BUREAU OF ADMINISTRATION

World Health Organization

The first of July, 1954, Dr. Samuel B. Kirkwood, Commissioner, in compliance with a request of the Foreign Operations Administration Mission in Pakistan, left on a trip to Pakistan as consultant in public health to the Pakistan Government. His purpose was to consult with the American officials in Pakistan on medical and health problems already encountered, and to advise on programs to be developed by the Pakistan Health Department. Dr. Kirkwood spent several days each in Dacca and vicinity, Lahore and vicinity, and Karachi, observing first hand local health needs and resources, visiting training centers, medical colleges and hospitals, and conferring with provincial medical and health leaders.

En route to Pakistan, Dr. Kirkwood conferred with Dr. Dugald Baird, Professor of Obstetrics at the University of Aberdeen, Scotland. From there he proceeded to Cairo and Alexandria and conferred with the Director of the Regional Office for Asia of the World Health Organization.

Following the approximately three weeks spent in Pakistan, Dr. Kirkwood spent a week at Geneva, Switzerland, representing the American Academy of Obstetrics and Gynecology at a meeting inaugurating the International Association of Obstetrics and Gynecology.

After considerable study and conferences with the Division Directors it was found advisable to enlarge the number of bureaus within the Department from four to seven. As recorded in the annual report of the Public Health Council, this plan of reorganization was approved by that body on April 12, 1955. It was put into effect on a preliminary basis in May and June, but beginning with the new fiscal year, July 1, 1955, the Department will function both budgetarily and administratively through seven bureaus, as shown below:

Bureau of Administration

- Division of Administration
- Division of Training and Research
- Division of Health Information

Bureau of Environmental Sanitation

- Division of Sanitary Engineering
- Division of Food and Drugs

Bureau of Preventive Disease Control

- Division of Cancer and Chronic Diseases
- Division of Communicable Diseases
- Division of Venereal Diseases
- Division of Dental Health
- Division of Alcoholism

Bureau of Health Services

- Division of Local Health Services
- Division of Maternal and Child Health Services

Bureau of Hospital Facilities

- Division of Hospital Facilities

Bureau of Tuberculosis and Institutions

- Division of Tuberculosis Control
- Division of Sanatoria

Bureau of Institute of Laboratories

- Division of Biologic Laboratories
- Division of Diagnostic Laboratories

Recommendations for 1956 Legislation

The following is the legislation to be submitted to the General Court by the Department for the next fiscal year:

1. AN ACT AUTHORIZING THE DEPARTMENT TO TAKE AND HOLD TRUST FUNDS. According to section 67 of chapter 111 of the General Laws, the Department of Public Health may receive funds and is authorized to set up a trust fund for sanatoria in the Department. This would apparently require an amendment to provide that such trust funds to receive money may be established for hospitals as well as sanatoria. The Comptroller's office has suggested this amendment.

2. AN ACT TO FURTHER REGULATE THE PHYSICAL EXAMINATION OF SCHOOL CHILDREN. This amendment strikes the word "school" from the present statute, the reason being that the present law makes it almost impossible for a board of health, which has the responsibility for school health services, to upgrade, transfer or promote any of its personnel to the position of vision tester. This change would give the Department the authority to approve any person with the proper qualifications to do this work rather than restricting testers to school department employees only.

3. AN ACT PROVIDING AUTHORITY FOR THE DEPARTMENT OF PUBLIC HEALTH TO IMMEDIATELY DESIGNATE SHELLFISH AREAS AS CONTAMINATED IN THE EVENT OF EMERGENCIES. At the present time the Department does not have the right to close shellfish areas without making an examination, collecting samples of the shellfish and overlying waters, posting the area and publishing the results in the newspaper. In the case of emergencies, such as a sewer cave in, power failure at a sewage pumping station or sewage treatment plant, discharge of sewage from emergency outlets, difficulties result in pollution of shellfish areas which might not be of sufficiently great magnitude to permit emergency action by the Governor. For the protection of the health of the people of the Commonwealth, the Department should have the power to immediately close the contaminated area until subsequent samples show that the shellfish obtained therefrom is safe for human consumption.

4. AN ACT TO REPEAL THE REQUIREMENT OF SPECIAL ACTS THAT THE DEPARTMENT OF PUBLIC HEALTH HOLD A PUBLIC HEARING PRIOR TO APPROVAL OF PLANS FOR THE CONSTRUCTION OF A SEWERAGE SYSTEM. Public sewerage systems may be constructed under the provisions of the General Laws, or as is customary, under the provisions of a Special Act. These Special Acts, dating back into the late 1800's, require the Department to hold a public hearing prior to approval of plans for construction of such a system. Such Acts have been interpreted by the office of the Attorney General to require

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the Department to hold such a public hearing prior to approval of plans for the construction of sewers and works for the treatment of sewage and industrial wastes. The enactment of the proposed legislation would permit the Department to approve such plans without the necessity of holding a public hearing. This legislation would not remove the requirement that the Department hold a public hearing prior to approval of the taking of land for use for sewage disposal purposes. The Department is faced with approving many hundred plans each year for the extension of old sewers or the construction of new sewers under the provisions of such Special Acts. It is proposed that all future Special Acts of the legislature be so written as to make it unnecessary to hold public hearings for such purposes.

5. AN ACT RELATIVE TO THE SUPERVISION OF THE MASSACHUSETTS HOSPITAL SCHOOL. Under authority of Chapter 508 of the Acts of 1954 the supervision of the Massachusetts Hospital School at Canton was transferred from the Department of Public Welfare to the Department of Public Health; therefore, Section 6 of Chapter 121 and Section 10 of Chapter 18 of the General Laws, which pertain to the Massachusetts Hospital School, should be revised.

6. AN ACT RELATIVE TO THE LICENSING OF HOSPITALS, SANATORIA, CONVALESCENT OR NURSING HOMES, INFIRMARIES OR BOARDING HOMES FOR THE AGED. Section 71 of Chapter 111 of the General Laws, the so-called hospital licensing law, requires an amendment to cope with the circumstance of transfer of ownership of licensed hospitals, sanatoria, convalescent or nursing homes, infirmaries or boarding homes for the aged. Under the existing section, when such an institution is sold the license stops, and if the present section were literally interpreted it would cause substantial injury to all concerned. This proposed amendment provides for a temporary license for three months when acknowledged by the Department.

1955 Legislation

The following legislation of particular interest to public health was enacted into law by the 1955 Legislature:

Chapter

- 100 - An act relative to the definition of cannabis. This legislation was introduced by the Department and legally redefines cannabis to include all portions of the plant instead of the former definition referring to the dried flowering or fruiting tops of the plant; the narcotic drug is found in all portions of the plant.
- 220 - An act providing for the treatment of muscular dystrophy at Lakeville State Sanatorium. This legislation was introduced by the Department and allows a flexibility in the place of treatment of muscular dystrophy by permitting the admission of such cases to Lakeville.
- 289 - An act relative to poultry slaughtering houses. This law eliminates the exemption from existing law and gives control by health agencies over persons engaged in the production of poultry produced on their own farms or owned by them for not less than two weeks prior to slaughter. This legislation was introduced by the Department.
- 310 - An act concerning the assignment of places for public and private dumps.
- 331 - An act making the Department of Public Health the sole agency of the Commonwealth for the purpose of administering the provisions of the Hospital Survey and Construction Act of the Federal Government as amended.
- 335 - An act extending the authority of the Department of Public Health to regulate methods of handling and disposing of radioactive materials. Chapter 335 is based on a bill introduced by the Department. It gives the Department, after a public hearing and subject to the approval of the Governor and Council, the right to establish rules and regulations to control the transportation, storage, packaging, sale, distribution, production, and disposal of radioactive materials as may affect the public health, and permits the Department of Labor and Industries to establish rules and regulations for the protection of the health and safety of employees against ionizing radiation in any place of employment.

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- 367 - An act authorizing the Department of Public Health to establish standards for certain public medical institutions. Formerly both the Department of Public Welfare and the Department of Public Health were required by law to set standards for the approval of public medical institutions for recipients of old age assistance. The enactment of Chapter 367 clarifies the control of public medical institutions and makes the approval of them the responsibility of the Department of Public Health.
 - 400 - An act further regulating the sale of certain narcotic drugs. This act will bring the Massachusetts law into closer conformity with the Federal laws pertaining to narcotic drugs.
 - 402 - An act establishing a program of public nursing on Martha's Vineyard.
 - 424 - An act authorizing and directing the Department of Public Health to establish an alcoholic clinic in the city of Lawrence.
 - 428 - An act authorizing and directing the Department of Public Health to establish an alcoholic clinic in the city of Springfield.
 - 433 - An act to further regulate greenhead fly control projects. This act will permit two or more adjoining towns to establish a Greenhead Fly Control Project District with the approval of the State Reclamation Board. There is need for the proper control of the greenhead fly as this hard-biting insect undoubtedly prevents the development of some seashore areas for recreational purposes.
 - 449 - An act to require hospitals to determine blood type of patients.
 - 459 - An act providing water supply for certain inhabitants of the town of Lakeville from the water supply system of the Lakeville State Sanatorium.
 - 464 - An act providing for the removal of whales or other mammals from the tidewater or shores of the Commonwealth when injurious to the public health.
 - 469 - An act relative to the labelling of receptacles containing benzol, carbon tetrachloride and other harmful substances.
 - 472 - An act regulating the arsenic content of embalming fluids.

- 481 - An act relative to furnishing Salk poliomyelitis vaccine to certain children and others throughout the Commonwealth. This legislation authorizes the Commissioner of Public Health to furnish to State agencies, institutions and local boards of health, free of charge, sufficient Salk poliomyelitis vaccine to carry out for the children between ages one through nineteen essentially the same type of program as provided for the first and second grade children by the National Foundation for Infantile Paralysis; certain other categories, including pregnant women, may also be included. No person would be eligible for this vaccine unless he were unable to pay or there was undue financial hardship involved.
- 499 - An act authorizing non-profit hospital service corporations to contract with the Lemuel Shattuck Hospital for furnishing hospital care.

Resolves

- 28 - Authorizing the continuance of an investigation relative to the study of elimination or control of submerged weeds in certain great ponds of the Commonwealth.
- 56 - Authorizing a joint board to study the feasibility of draining certain lands near the Neponset River and developing the same.
- 63 - Providing for an investigation and study by the Department of Public Health and the Department of Public Works of the feasibility of dredging certain parts of Nutting's Lake in the town of Billerica.
- 68 - Reviving and continuing the special commission established to investigate and study ground water supplies in the counties of Plymouth and Bristol.

As the 1955 Legislature was still in session on June 30, 1955, it is anticipated that additional laws involving public health or conferring new responsibilities on the Department and resolves providing for special investigations will be enacted early in the 1956 fiscal year.

Regulations

The following rules and regulations have been promulgated by the Department and are still in effect:

Distribution of biologic products

Adopted 4/9/35; amended 5/14/40; 1/11/49; 12/15/53

Sale of surplus biologic products

Adopted 4/12/49; 12/15/53

Use of blood or other tissues for purposes of transfusion

Adopted 1/10/39; amended 4/10/39; 10/7/41; 11/4/41;
9/14/48; 3/11/52

Cancer clinics and service unit values

Adopted 8/10/26; amended 6/14/27; 3/13/28; 1/5/35;
9/14/43; 10/5/43; 11/11/43; 12/14/43; 4/11/44; 1/14/47

List of diseases dangerous to public health

Adopted 1907; amended 12/15/14; 12/14/15; 2/16/17;
4/3/17; 12/18/17; 10/29/18; 11/18/20; 12/8/21; 9/18/28;
6/11/35; 12/10/35; 11/10/36; 2/14/39; 5/1/41; 5/12/42;
4/14/43; 10/5/43; 12/14/43; 1/11/44; 11/3/48

Diseases declared to be dangerous to the public health and reportable

Adopted 1907; amended 12/15/14; 12/14/15; 2/16/17;
4/3/17; 12/18/17; 10/29/18; 11/18/20; 12/8/21; 9/18/28;
6/11/35; 12/10/35; 11/10/36; 2/14/39; 5/1/41; 5/12/42;
4/14/43; 10/5/43; 12/14/43; 1/11/44; 11/3/48

Isolation and quarantine requirements of diseases declared to be dangerous to public health

Adopted 8/9/38; amended 5/13/41; 1/11/44; 11/3/48;
8/12/52

Transportation of bodies dead of diseases dangerous to public health

Adopted 7/12/38; amended 8/9/38; 2/14/39

Funerals of persons dead of any disease dangerous to public health

Adopted 8/9/38; amended 5/13/41; 1/11/44

Cremation

Adopted 12/5/07; amended 10/29/18

Treatment of persons exposed to rabies

Adopted 8/10/37; amended 5/13/41

Approval of bacteriological and serological laboratories

Adopted 9/12/39; amended 1946

Use of a common drinking cup

Adopted 3/22/16

Use and concerning the providing of a common towel
Adopted 12/16/15; amended 3/22/16

Approval of lodging houses
Adopted 7/6/05

Barbering and barber shops
Approved 12/6/49

Cross connections between public water supplies and fire
and industrial water supplies
Adopted 2/9/37; amended 5/12/42; 10/9/51

To prevent pollution or contamination of any or all of the
lakes, ponds, streams, tidal waters and flats within the
Commonwealth or of the tributaries of such tidal waters
and flats
Adopted 8/14/45; amended 10/14/45

Supervision of plumbing
Adopted 6/11/35; amended 8/6/40; 2/11/46; 1/10/50

Minimum standards of fitness for dwellings
Adopted 12/6/49; 3/8/55

Operation of plants for the purification of shellfish
Adopted 6/5/28; amended 10/7/41

Regulations promulgated by the director of the Division
of Marine Fisheries
Approved for Sanitary Requirements by Dept. of Public
Health 4/13/42

Enrichment of flour, white bread and rolls
Adopted 11/3/48

Establishing grades of milk
Adopted 5/8/35; amended 11/17/48

Sale of rabbits intended for food purposes
Adopted 5/14/29

Governing the business of cold storage, made under the
provisions of General Laws, Chapter 94, Section 67
Adopted 10/10/33

Sterilization of feathers, down and secondhand material
intended for use in the manufacture of articles of bedding
and upholstered furniture
Adopted 11/12/35

Making of each article of bedding and upholstered furniture
Adopted 12/10/30; amended 11/12/35

Manufacture and bottling of carbonated non-alcoholic beverages, soda water, mineral and spring water
Adopted 11/12/35; amended 4/36

Business of slaughtering and meat inspection
Adopted 7/9/31; amended 12/10/35; 9/14/43

Poultry slaughterhouses
Adopted 9/14/43; amended 8/6/46

Approval of contracts for the production and distribution of certified milk
Adopted 10/14/36

Frozen desserts and ice cream mix
Adopted 9/11/34

Bakeries and bakery products
Adopted 2/14/33; amended 1/10/50

Definition of "pasteurized milk"
Adopted 7/8/41; amended 11/4/41; 6/15/50

Establishments for pasteurization of milk
Adopted 2/12/35; amended 6/15/50; 10/20/53

Standards and definitions of purity and quality of food
Adopted 2/9/37

Pork products intended to be eaten without cooking
Approved 2/12/24

Licensing of Hospitals and Sanatoria
Adopted 4/14/42; amended 2/9/43; 12/14/43; 3/14/50

Licensing of boarding homes for the aged
Adopted 11/3/48

Licensing of convalescent and boarding homes
Adopted 11/3/48

Dispensary License
Adopted 1/12/19; amended 5/13/19; 5/10/38

Dental clinic license
Adopted 8/10/43

General Rules for Police Station Houses, Lock-ups, Houses of Detention, Jails, Houses of Correction, Prisons, and Reformatories
Adopted 1910; amended 4/8/30; 6/15/48

To establish standards for tuberculosis hospitals and sanatoria
Adopted 6/14/27; amended 6/5/28; 8/12/32; 1/17/33; 5/10/38; 10/21/48

Obtaining state subsidy

Adopted 5/11/20; amended 6/5/28; 2/14/33; 3/13/34

Minimum requirements for tuberculosis dispensaries as defined by the Department of Public Health

Adopted 4/6/15; amended 7/11/16; 11/7/19; 7/14/25; 4/11/33

Minimum requirements for uniform dispensary record system

Adopted 7/14/25

Governing the hospitalization of patients with chronic rheumatism

Adopted 5/8/45

Reporting and control of venereal diseases

Adopted 12/18/17; amended 5/12/18; 6/11/18; 3/11/19; 11/12/23; 10/1/25; 10/8/29; 1/14/30; 1/14/36; 8/9/38; 4/11/44; 11/3/48

Treatment of persons suffering from venereal diseases who are unable to pay for private medical care

Adopted 2/14/33; amended 8/10/37; 8/9/38; 9/12/39; 11/6/40; 4/13/48; 11/3/48

Issuance of premarital medical certificates

Adopted 4/11/50

Approved prophylactic remedy for use in the eyes of infants at birth

Adopted 5/12/36

Physical examination of school children

Adopted 3/11/52; amended 8/25/53; 3/9/54

Dietetic foods

Adopted 5/12/53

Medical Panels

Under authority of General Laws, Chapter 32, Section 6, the Commissioner is authorized to appoint chairmen of medical panels to review applications from state and municipal employees for disability retirements. These chairmen, insofar as is practicable, must be physicians skilled in the particular branch of medicine or surgery involved in the case. The other two members of the panels are selected by the applicant and by the local retiring authority. In the fiscal year 1955, there were 937 new applications received by the Department; this represents an increase of 12 over 1954. Because of the inability or refusal of one or more panel members to serve, however, 117 of these 937 applications had to be processed twice, and 28 cases were processed three times, adding considerably to the work involved in the selection of chairmen for these panels.

Rating Board

As Chairman of the Rating Board, created by General Laws, Chapter 32, Section 6, the Commissioner presided at hearings and interviewed six applicants from the uniformed branch of the State Police applying for retirement because of illness or injury received in the line of duty. After examination of the applicants and a review of their records, all of them were recommended by the Board for disability retirement.

Building and boiler inspectors of the Department of Public Safety and State Police Detective Lieutenants upon reaching the age of 55 or completing twenty years of service, must have an annual physical examination to determine their fitness to continue working to the compulsory retirement age of 65. In this group eight were examined and all were found by the Rating Board to be physically fit to continue for another year.

Approving Authority

The Approving Authority for Medical Schools, consisting of the Secretary of the Board of Registration in Medicine, the Commissioner of Public Health, an osteopathic member of the Board of Registration, and a layman, has held several hearings to determine the medical schools whose graduates are eligible for registration to practice medicine in Massachusetts. During the year the following schools were approved: University College, Dublin; University College, Galway; University College, Cork; University of Oxford, England; and Cambridge University, England.

Civil Defense

The Environmental Sanitation Section of the Medical and Health Division of the Civil Defense Agency engaged in considerable field work in connection with hurricanes Carol and Edna which occurred on August 31 and September 11, 1954; the work consisted for the most part in the rehabilitation of certain public water supplies, in some instances out of service because of power failures and in one instance because of flooding of the pumping station. In one instance, sewage overflowed to the extent that it was necessary to close an area in New Bedford Harbor to the taking of shellfish.

On January 3, 1955 His Excellency the Governor issued an executive order reorganizing the Civil Defense Agency and renaming the Medical and Health Division as Medical Service. This reorganization resulted in the division of the State from nine regions to four areas.

Medical Service has assisted cities and towns in the development of their civil defense programs, stressing the importance of training personnel in civil defense at the local level. Assistance has been given to hospitals to formulate their own disaster plans. A Training Manual on Venipuncture and Intravenous Therapy was prepared and distributed to schools of nursing, hospitals, public health agencies employing nurses, and local communities.

Steps were taken to ensure adequate storage of civil defense medical supplies in cities and towns and in State institutions throughout the Commonwealth. Quarterly reports were compiled relative to storage conditions of local first aid stations, including the condition of stockpiled supplies.

With no funds appropriated this year for civil defense mass blood typing, it has not been possible to carry on the refresher experience originally planned for the volunteer civil defense blood typers who have been trained. It was possible to activate them for a very few small mass typing projects. Three additional colleges have become interested in teaching students the basic principles of blood typing; there are now six colleges including this special instruction in their science courses. The whole training project, however, as it now stands, is inadequate to supply the trained typers that would be needed in the event of an atomic disaster.

Division of Health Information

The Division of Health Information is a unit of the Department serving professional and lay personnel throughout the State. It functions through two sections: one gives consultation, and in some cases direct services, by health educators working from the central and district offices; the other performs publication, production, and distribution services as a function of the central office. The Division maintains a library of films, books, magazines, and other visual aids. The film distribution service was widely used by schools, hospitals, clubs, and other groups. Many requests for public health information were answered verbally and by mail. State-wide news coverage was provided.

Doctors, nurses, school personnel, and other interested persons were kept informed of current health activities and departmental programs through two publications, "This Week in Public Health" and "Common-health". Pamphlets, exhibits, radio scripts, television films, photographs, slides, and art work were produced and made available. Materials for school health were processed.

Services to the various other divisions of the Department are of major importance. Consultation was given in the planning, preparation, and processing of visual aid materials and program planning and activity. An outstanding example of the latter is the New Bedford Home Accident Prevention Project, a community organization program aimed at reducing accidents, primarily in the home, through education. Another important service to a division was relative to school health.

Special projects included a directory of health educators and workers, a 16mm. film library, a resource file, pamphlets on "Sources of Health Education Materials", "Looking for a Health Pamphlet", and "Care of Your Baby", a departmental exhibit, and revision of the Manual of Public Health Laws.

Coordinating activities of health education covered patient education, educational television, field training for graduate students, and the Central Health Council. Consultation on program planning and visual aids was given to official and non-official public health agencies.

Public Health Nursing Section

Among the activities of the Public Health Nursing Section for the fiscal year were the following:

(1) a three-day Maternity Nursing Institute for hospital and public health nurses at the Boston Lying-In Hospital sponsored jointly by the Division of Maternal and Child Health, the Public Health Nursing Section, and the Committee on Fetus and Newborn for the Massachusetts Academy of Pediatrics.

(2) a two-week Cancer Institute for public health and hospital nurses, held at the Pondville Hospital.

Plans are under way for the development of two new community nursing services - one in Ipswich, and the other on Martha's Vineyard. It is most interesting to note that local physicians have been very active and are participating in the plans for the development of these services.

In-service education programs for local public health nurses have been conducted in each District. These are planned jointly by the District Public Health Nursing Supervisors, the Public Health Nursing Section and a local committee in each District. These programs are now an established service offered by the Public Health Nursing Section of the Massachusetts Department of Public Health.

Nutrition Section

The following highlights stand out among this year's many activities because they represent a new approach, an emerging problem, or a particularly effective stage of an activity for which the groundwork has been laid in previous years and follow-up will continue:

(1) Workshop on Nutrition Education for Nurses - Teaching dietitians and nurses from five hospitals in Connecticut Valley and Berkshire Districts, University of Massachusetts, School of Nursing, and three department nutritionists met periodically to work out improved methods of teaching nutrition in schools of nursing. There were many valuable outcomes but the most tangible were the detailed report and a developmental unit which will be tried in several hospitals next year.

(2) Survey of Health Programs in the Schools of Barre, Hardwick and Petersham - One district nutritionist participated with other public health personnel in a

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survey of school health programs in nine schools in three communities. Nutrition education and school lunch activities were studied with the help of the school staff, specific, practical recommendations made, and improvements started immediately. It is hoped that other communities will ask for similar team surveys.

(3) Dietary Consultation for Small Hospitals - The staff of a small hospital without a trained dietitian asked for guidance in reorganizing the therapeutic diet service. Two members of the medical staff, the superintendent and the food supervisor worked with the nutritionist to simplify the variety of special diets and establish an "exchange" system. After discussion with nurses and cooks, it is now functioning. With minor adaptations this may be a useful plan for similar small institutions without trained dietitians.

(4) In-Service Education in Sanatoria - Two district nutritionists taught in the new in-service training courses for attendants in department institutions. This is to be expanded next year.

(5) Meal Planning Booklet for Nursing Homes and Homes for the Aged - After several years of studying food problems in nursing homes and homes for the aged, the nutritionists and hospital inspectors have prepared a concise booklet on meal planning and service. As soon as it can be published it will help to raise standards for meals in homes, and give the proprietors reliable, practical suggestions for making their meals as nutritious and enjoyable as possible.

Social Service Section

Activities in the Social Work Section have included services in Maternal and Child Health, Crippled Children, Tuberculosis and chronic illness. In Maternal and Child Health, activity has been chiefly in the service programs of the Division and has been at both the planning and service level. The Premature Program, School Census, Nursery School and Vision and Hearing Programs have been among those where social service was provided. In the Crippled Children's Program, the section participated in the study of the services in this program and has continued to provide direct social services in the clinics of this Program. Approximately 54 per cent of the social work time in the District Program is, according to the recent study, being spent in this program.

Requests for consultation regarding problems and planning for the chronically ill and aged have increased

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this year. These requests come from individuals, and from local health and social agencies. The planning for and financing of custodial or terminal illness is the problem most frequently brought to us for advice and consultation.

In tuberculosis, direct services have been given on request from local agencies and community work has been undertaken directed at the greater development of medical social work programs in county sanatoria.

During the year, consultation on the medical social work program of the Pre-Natal Metabolic Study has continued. Consultation has also been given to the medical social worker at the Nashoba Associated Boards of Health and to the medical social worker who was employed for a three-month period in Worcester for polio-myelitis follow-up. Technical consultation has also been provided to the medical social workers in the Districts and Institutions of the Department.

Educational activities have been carried out through the Medical Social Training Project and have included:

- Eight months accredited field training for four medical social work students.

- Field observation programs for thirty-two medical social work students, ten public health students and four observers from foreign countries.

- Consultation on public health content in the school curriculum was given to the three Schools of Social Work in Boston.

The Section has participated in in-service training programs for local nurses and has been active in working with community groups at both state and local levels toward improving health and social services for residents of the state.

Division of Training

The work of this Division during the past year has been limited by the lack of a full-time program director. The routine work of the Division has been continued on a more or less standby basis. The expansion of training activities for public health personnel within the Commonwealth has not been possible. The five year grant, made in 1950 by the W. K. Kellogg Foundation for field training, will terminate on September 1, 1955. It is expected that substantial savings, during the period of the grant, will be made available by the Foundation for continued operation of departmental training purposes.

The over-all program of the Division involves:

- (1) financial assistance to qualified staff members of the Department and local health agencies for full-time postgraduate study at accredited academic institutions providing curricula in the various public health specialties
- (2) a short course training program consisting of various types of refresher courses for health workers employed at the state and local level
- (3) field training for prospective new employees as a component of their academic preparation for employment by public health agencies, and
- (4) orientation on observation experience for visitors from other health agencies, both domestic and foreign.

During the year postgraduate study was provided for 11 health department personnel; including 1 physician, 4 nurses, 4 medical social workers, and 2 laboratory workers. Each employee spent one academic year at the college or university of their choice. These institutions included Harvard University, Boston University, Simmons College, and Boston College.

A variety of short courses, varying in length from 1 day to 2 weeks, were given to 14 different specialty groups. A total of 165 courses were offered and participated in by 5279 persons.

Accredited field training programs were provided for physicians, nurses, medical social workers, and sanitarians. Participating in these programs were 1 physician, 15 public health nurses, 3 medical students, 1 engineering student, 4 medical social workers, and 25 sanitarians.

For several years the Department has been host to an increasing number of foreign visitors concerned with public health and medical care programs of their countries. Because of its importance as a world medical center, Boston attracts a large number of these visitors. They are sponsored and assigned to the Training Division of this Department by the Division of International Health of the Public Health Service, the World Health Organization, and other agencies participating in global health programs. Upon request from the above agencies itineraries are scheduled within the Department and with other public health and medical facilities of the area. During the past year 48 of these trainees have been channeled through this Department for less than 2 weeks observation periods and 22 for periods longer than two weeks. Their varied interests required the preparation and supervising of 38 different schedules in 14 fields of interest.

Personnel Section

The total number of persons employed by the Department of Public Health on June 30, 1955 was 2417; of these 593 were in the various divisions of the Department and 1824 were in the institutions. The number of employees in the various divisions of the Department remains fairly constant from year to year. Continued difficulty has been experienced in the recruitment of personnel, especially physicians and in the nursing and clerical categories. This is to some extent due to better financial opportunities in private practice, industry and in the health departments of other states. The increase in the number of personnel in our institutions is largely due to the opening of the new Lemuel Shattuck Hospital and the gradual employment of staff to operate this new facility.

The work of the Personnel Section in the preparation of forms and correspondence incident to the appointment, promotion, transfer, continued employment, reinstatement or reemployment, termination of services, leaves of absence, etc. of the Department's employees has been augmented by the addition of the Personnel History Sheets now required in connection with personnel action, and the promulgation of additional rules and regulations affecting employees. The responsibilities of the Personnel Section have been considerably increased, not only by the addition of new institutional personnel, but a reorganization of the Department. This has required considerable paper work in the shifting of personnel to meet the requirements of the Division of Personnel and Standardization.

The recent polio outbreak in the Commonwealth, requiring the addition of temporary personnel throughout the Department to provide post-hospital supervision and care of patients, has also added to the burden of this office.

The Division of Civil Service has been very helpful in scheduling examinations, and during the past fiscal year 62 examinations involving Department positions have been held. Civil Service has also frequently assisted the Department in its requests for the interpretation of and compliance with the Civil Service Law.

Fiscal Section

<u>Fiscal Year</u>	<u>Total Budget</u>	<u>Per Capita</u>	<u>Total State</u>	<u>Per Capita</u>	<u>Total Federal</u>	<u>Per Capita</u>
1955	\$4,834,697.67	\$0.98	\$3,694,319.81	\$0.75	\$1,140,377.86	\$0.23

State Institutions - maintenance

<u>Fiscal Year</u>	<u>State Funds</u>	<u>Per Capita</u>
1955	\$7,995,558.00	\$1.63

Grand Total - Department and Institutions

<u>Fiscal Year</u>	<u>Total Budget</u>	<u>Per Capita</u>	<u>Total State</u>	<u>Per Capita</u>	<u>Total Federal</u>	<u>Per Capita</u>
1955	\$12,830,255.67	\$2.62	\$11,689,877.81	\$2.39	\$1,140,377.86	\$0.23

The following is a breakdown of program expenditures. A detailed fiscal report of the Department as prepared by the Comptroller's Bureau will be found at the end of this annual report.

DEPARTMENTAL EXPENDITURES 1954-1955

	<u>TOTAL</u>	<u>STATE</u>	<u>PRIVATE AND FEDERAL</u>
Commissioner's Salary	\$ 12,500.00	\$ 12,500.00	\$
Administration	397,686.21	199,909.58	197,776.63
Tuberculosis & Sanatoria	237,785.68	168,583.65	69,202.03
Subsidy of Tuberculosis Patients	429,415.88	429,415.88	
Institute of Laboratories	577,535.76	560,120.80	17,414.96
Hospital Licensing & Survey	94,516.70	91,036.70	3,480.00
Cancer and Other Chronic Diseases	230,072.38	178,319.05	51,753.33
Heart Disease Program	36,060.18	14,933.45	21,126.73
Environmental Sanitation	622,007.93	530,710.05	91,297.88
Preventive Medicine	743,976.29	383,094.57	360,881.72
Communicable Diseases	413,032.53	406,284.81	6,747.72
Alcoholism	135,118.24	135,118.24	
Special Projects	156,124.65	67,507.92	88,616.73
Construction	171,869.21	171,869.21	
Grants-in-Aid	36,920.00		36,920.00
Training	153,019.81		153,019.81
 TOTAL	 \$4,447,641.45	 \$3,349,403.91	 \$1,098,237.54

BUREAU OF INSTITUTIONS

Division of Tuberculosis and Sanatoria

The mortality rate for all forms of tuberculosis continued its drop and is now 10.1 per 100,000 population. There has been a slight levelling off this year from the precipitous downward curve of the past few years. During this year 499 deaths from all forms of tuberculosis have been recorded in the Commonwealth, 453 attributed to pulmonary forms and 46 to other forms of tuberculosis. This is the first year in the history of the Commonwealth that the number of people dying from tuberculosis was less than 500.

Chemotherapy has changed the treatment of tuberculosis patients. The treatment of tuberculosis in the home exclusively was first introduced because insufficient beds were available for the patients. In some instances such excellent results were obtained that specialists in the treatment of tuberculosis as well as general practitioners have been influenced by these results so that the home is now tending to replace the sanatorium as the principal place of treatment. This trend is disturbing as home treatment of tuberculosis cannot be considered as satisfactory as sanatorium care.

The work of this Division for the effective control of tuberculosis has been carried on by initiating the revision and improvement of the case register in the Division as well as in local communities, and to improve case-finding programs.

Better selection of groups for chest x-ray surveys, and a program of tuberculosis testing of school children has been undertaken.

The BCG program continues and should be expanded. In the fall of 1954 and the spring of 1955 a grand total of 4781 tuberculin tests and 1525 vaccinations were made in twenty-six nursing schools and three medical schools.

There has been considerable activity in the nursing educational program. Attention has been given to in-service training courses, practical nursing schools in the Department and affiliations for the trainees. The training schools for licensed practical nurses at Pondville Hospital and Westfield State Sanatorium continue to play a vital role in the field of nursing education. Many of the graduates remain to work in our institutions, thus relieving the chronic shortage of nursing personnel. Tentative plans have been discussed with the superintendents of the Lemuel Shattuck Hospital, Pondville Hospital and Westfield State Sanatorium to integrate the schools of practical nurses in the three institutions after the Lemuel Shattuck School for Practical Nurses has been in operation for over a year.

North Reading State Sanatorium

On July 1, 1954 the patient population at this sanatorium was 151; on June 30, 1955 it was 149. The daily average number of patients for the twelve month period was 142. During the year 108 tuberculosis patients were admitted; 84 of these were from cities of over 25,000 population and 24 were from cities and towns under 25,000; the average age of the tuberculosis patients admitted was $5\frac{1}{2}$ years.

The antibiotic drugs, including streptomycin, PAS and INH, have brought about rewarding results in the treatment of tuberculous meningitis in children. Some ten years ago there was nearly 100 per cent mortality; now there is slightly less than 5 per cent mortality among patients with tuberculous meningitis. However, approximately 20 per cent of the children suffering from this disease are left with some degree of sequelae, ranging from complete vegetative organism to mild impairment of vision or hearing. It is hoped that earlier recognition of this disease, followed by prompt and adequate treatment, will prevent these conditions.

Rutland State Sanatorium

There were 215 patients in the sanatorium at the beginning of the fiscal year and 221 at its close. The largest number present at any one time was 234 and the smallest 202; the daily average was 215. During the year 263 patients were admitted, 216 coming from cities of over 25,000 population and 47 from cities and towns of under 25,000. The average duration of hospitalization was 315.91 days; in recent past years the hospital stay averaged 351 days.

The policy has continued of treating patients with streptomycin and PAS first and to substitute isoniazid for streptomycin later, upon discharge; however, there is a possibility of this procedure being reversed in the future, as isoniazid seems to be more effective than streptomycin.

There has been no important change in the surgical management of the patients; the number of surgical cases was 18, the same as for the preceding year; this number represents 7 per cent of the admissions.

Westfield State Sanatorium

Throughout the fiscal year ended June 30, 1955, Westfield State Sanatorium had all of its 50 cancer beds and all of its 141 tuberculosis beds (72% for men) open. Average occupancy was 69% for cancer and 80% for tuberculosis. Out-patient visits totaled over 9,000 for cancer and over 5,800 for tuberculosis with another 3,000 visits to the six extramural tuberculosis consultation clinics.

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Training of different types of professional personnel is a challenging part of each year's program. Last year specialty-board-approved training was given in cancer to three young surgeons and in tuberculosis to three young internists. The dental internship received provisional approval from the American Dental Association. Three cancer teaching clinics and nine tuberculosis seminars were held for the physicians in western Massachusetts. Fifteen more student practical nurses graduated. Three surgical residents from the Springfield Hospital spent four months apiece at the sanatorium to round out their knowledge of the diagnosis and treatment of cancer. Senior, three-year student nurses from the Springfield Hospital, and from the Holyoke Hospital spent one day apiece in the outpatient diagnostic cancer clinic. A resident pathologist received six months' training in the histopathology of cancer.

Good community relations have been maintained. Speakers have been furnished for thirteen non-medical audiences. Numerous "Come and See Tours" have been conducted for groups visiting the hospital. Forty-six Junior Volunteers from the Westfield Women's Club have given 2,372 hours of service to the sanatorium.

A fire protection sprinkler system (wet type) was installed throughout the farm house dormitory. A modern fire alarm system is greatly needed.

Pondville Hospital

On July 1, 1954 there were 82 patients in the hospital; at the end of the fiscal year on June 30, 1955 there were 96. During the year there were 1481 admissions; of these 757 were new patients, 724 were readmissions. The average period of hospitalization was 22.8 days. The smallest number in the hospital on any one day was 62, the largest 105 patients. The average number of patients a day was 88.4.

During the 1467 patients were discharged; the condition of 1017 was improved, of 279 unimproved, and 171 died.

A new general outpatient clinic on Monday afternoons was started in October, 1954, to meet the public demand for quicker service and for a better teaching service to the medical students and professional visitors attending the general clinics on Monday and Thursday afternoons.

During the year, with the graduation of the seventh class of fifteen students from the Training School, it was possible to increase the medical and surgical activity both within the hospital wards and in the outpatient clinic.

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The program of renovation in the Administration Building is nearly completed and provides adequate facilities for the following facilities:

- (1) A centrally located beautifully decorated patients' chapel on the second floor, for which the members of the Volunteer Social Service Committee purchased an electric organ and other equipment.
- (2) The relocation of the patients' library in a larger room near the chapel.
- (3) Expanded office facilities for the Superintendent, the resident physicians, the Superintendent of Nurses, the Steward, the Treasurer, and the Medical Records Office.

Lakeville State Sanatorium

There were 157 patients in this institution July 1, 1954 and 176 on June 30, 1955.

No major changes occurred in the treatment of extra-pulmonary tuberculosis nor in the type of cases admitted.

Operations preserving mobility of joints were more widely used than ankylosing operations.

A large number of anterior poliomyelitis cases, mostly from the Worcester area, in the teen-age group were admitted. Cases referred from the Crippled Children's Clinic were mostly of chronic nature requiring prolonged hospitalization.

Full use was made of the cerebral palsy unit.

The arthritic unit was expanded to about 30 beds.

Lemuel Shattuck Hospital

The hospital was opened for the reception of patients on October 4, 1954. At that time one floor, the third floor, was made available for patients, a total of 60 beds. Other units were gradually opened as the need arose, and at the present time there are seven nursing units in use in the hospital - total of 210 available beds. When the hospital was first opened, it was for the reception of medical cases only, and no surgical cases were admitted until January, 1955. On the 16th of May, 1955, the 2 million volt x-ray therapy machine was activated and has continued in use ever since for the treatment of both in-patient and out-patient cases. In May, 1955, the hospital began to receive thoracic surgery cases from Rutland Sanatorium.

During the last quarter of the fiscal year, all departments of the hospital were put in operation and were functioning smoothly. There has been a slow but progressive increase in the number of patients admitted to the hospital each month. The turnover of the patients is more rapid than was anticipated, so that the hospital has not progressed in numbers to the extent that was previously predicted. As of June 30, 1955, the hospital had admitted 476 patients and discharged 315 patients, leaving a census of 161. Below is a breakdown of the admissions and discharges from October 4, 1954 to June 30, 1955:

	<u>Admissions</u>	<u>Discharges</u>
October	37	5
November	31	15
December	38	14
January	48	23
February	53	28
March	56	40
April	64	54
May	75	73
June	74	63

The ratio between patients receiving financial assistance and non-assisted patients is about 50-50. The ratio between patients admitted from the Boston area as compared to the rest of the state is about 50-50.

It became apparent during the year, that even though all doctors registered to practice medicine in Massachusetts, all hospitals and all welfare agencies were mailed a brochure in August, 1954, showing the program and functions of the hospital, and that there were many items concerning the hospital published in various newspapers, the doctors and general public were not aware of what Lemuel Shattuck Hospital had to offer

patients. In June, 1955, a letter was sent to every registered practitioner of medicine, again informing him of what the Lemuel Shattuck Hospital had to offer patients. As a result of the second letter, there has been an increase in the number of applications received for admission of patients.

When the hospital first opened, the ratio of admission of patients from hospitals as compared to patients admitted from their homes, was markedly in favor of the hospitals. During the last few months of this year, there has been a reversal of that trend so that now more patients are admitted from their own homes than from other hospitals.

One of the difficult situations confronting the hospital is the problem of the discharge of patients who have reached maximum hospital benefit, but who made only limited gains; and those who have had the benefit of a complete evaluation and for whom very little can be done in the way of restoring their physical and medical status to the point where they are reasonably self sufficient to return to their former mode of living.

Even though sufficient funds were made available to the hospital in the 1955 budget to employ sufficient nursing and other personnel to operate at a greater capacity than the hospital is now operating, it has been exceedingly difficult to obtain graduate nurses and licensed practical nurses. This situation is not unique to this hospital, but is wide spread throughout this community. The same applies to physio therapy technicians. There are vacancies for physio therapy technicians at this hospital, and although Boston is a center for schools of physical therapy, the hospital has been unable to obtain the full quota of technicians.

Early in the year difficulty was experienced in obtaining the services of qualified doctors of medicine, and the hospital had to supplement the full-time staff with a number of part-time physicians. This defect has been corrected so that on July 1, there will be an adequate number of full-time physicians in the various departments.

Massachusetts Hospital School

On July 1, 1954 under authority of Chapter 508 of the Acts of 1954 the Department assumed the supervision of the Massachusetts Hospital School at Canton. This school was established in 1904 and has since been maintained by the Department of Public Welfare for the hospital care and education of mentally competent, physically handicapped children of the Commonwealth. The school's curriculum is made up of the usual subjects and its high school diploma is recognized by the Department of Education; included are

vocational courses which train the handicapped child to take his place in the commercial life of the community. The school recognizes the fact that no form of surgical care or other treatment can be regarded as complete which neglects the social, moral and mental growth of handicapped children. Handicapped children of the Commonwealth, between the ages of 4 to 20 years, who are mentally competent to attend public school are eligible for admission for hospital care and educational training.

The fiftieth anniversary of the school was celebrated on November 6, 1954. Persons connected with education, medicine and rehabilitation crowded the auditorium at the school. Most impressive were cases presented by Dr. Charles H. Bradford of young people who had left the Hospital School and were successfully employed either by themselves or others. It was the highlight of the day's presentation along with the superior papers of members of the staff and an address given by Dr. Shands, President of the American Orthopedic Association.

The average number of patients per day was 104. School was in session 182 days with a total of 146 students. In addition, bedside teaching was carried on at Bradford Infirmary, with an average of 20 student-patients each month.

The physical condition of some of the buildings cannot be overlooked. The classrooms are located in seven different buildings widely separated. Most of the children are in wheel chairs or bed carts and must be transported from one class-room to another and in some instances classrooms have been so crowded that it is difficult for the teacher to move about from child to child. The building known as Fitzgerald Cottage presents a definite fire hazard during classroom time. This is an old wooden structure with temporary partitions sectioning off different classrooms. The principal of the school states that the exits are such that it would be difficult to empty the building in case of fire. For the best interests of the children, the classrooms should be centralized in one unit. In addition, the old wooden structures housing employees should be replaced; this would definitely decrease the fire hazard. Recommendations have been made by the Department of Public Safety regarding various fire hazards at the Hospital School, at a total cost of about \$55,000.00, and it is hoped that funds for this work will be appropriated.

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Division of Cancer and Other Chronic Diseases

In the field of cancer and many of the chronic diseases, the etiology is as yet unknown; but it is known that there are presently available more effective measures of control than have been utilized. To meet these problems, the Division is engaged in epidemiological research and professional education, as well as the provision of tumor diagnostic and clinic services.

During the year papers on cancer of the lung, buccal cavity, cervical and uterine cancer were prepared for publication. In addition to epidemiological research, statistical advice and data were given to Massachusetts and out-of-state physicians and research workers preparing statistical studies on cancer and chronic disease.

The Tumor Diagnosis Service examined 11,517 specimens received from 1227 doctors and 150 hospitals and clinics. A considerable number of relatively early cancers were detected by practicing physicians--not cancer specialists, who are alerted to the danger of cancer and the importance of early detection.

During the fiscal year twenty-one State and State-aided cancer clinics held 1411 sessions and had 30,015 admissions. The Mount Auburn Hospital Tumor Clinic in Cambridge began operating as a State-aided cancer clinic in December 1954.

Through the cooperative efforts of the Division and Cancer Clinic staffs, a new service was initiated and offered to the doctors of the Commonwealth last year. Patients with suspicious x-ray examinations, found by State X-ray Units, may be referred for cytologic examination of sputum or bronchial washings to facilitate early detection of lung cancer.

Statistical studies of rehabilitation services for cardiac patients is under way at the Cardiac Work Classification Unit, the Boston Dispensary, and the Boston Lying-In Hospital.

Medical social services were provided to assist clinics in improving standards of patient care in seven State-aided cardiac clinics.

Courses on the cardiovascular diseases were given in the Pittsfield, Lawrence, Worcester and Salem Districts, with a total of 120 graduate nurses attending all sessions.

Division of Hospitals

Hospital Licensing - The major activities of this Division include the inspection and licensing of 192 hospitals and sanatoria, 541 convalescent and nursing homes, 507 boarding homes for the aged, 49 city and town infirmaries, and 72 clinics and dispensaries. A new activity this year required complete responsibility for the approval of public medical institutions. Under authority of Chapter 516 of the Acts of 1954 a public agency cannot place a person dependent upon public support in an unlicensed institution.

Licenses are issued for two-year periods; during the fiscal year, 129 hospitals were licensed; these included 122 renewal licenses and 7 first licenses. Some of these hospitals which did not fully comply with the Department's standards were licensed subject to six months' review to determine their progress toward satisfactory compliance with the standards. Ten others were licensed under the waiver clause in the Department's regulations because it was felt that lack of the existing facilities would work a hardship on the community.

Of the 541 convalescent and nursing homes in the State 128 were licensed this year for the first time and 211 were issued renewal licenses. Three homes were ordered closed for non-compliance with the regulations.

Of the 507 boarding homes for the aged in the State 81 were licensed for the first time and 230 were issued renewal licenses this year. One boarding home was ordered closed.

It is encouraging to note the continued structural improvements which are taking place in hospitals, and the improvement in physical facilities, equipment and accommodations in nursing homes and boarding homes for the aged. The progress in relation to clinics and dispensaries and city and town infirmaries is slower, due partly to the handicaps of municipal budgetary appropriations.

Proposed revised rules and regulations for convalescent and nursing homes, boarding homes for the aged, charitably incorporated homes for resident or nursing care, public medical institutions, city and town infirmaries, clinics and dispensaries, and chronic disease hospitals are being studied. It is expected that these revisions will provide more specific criteria by which the staff of the Division of Hospitals will be able to carry out a more intensive educational program.

Hospital Survey and Construction - The administration and supervision of a \$15,000,000 construction program under Public Law 725, 79th Congress, Public Law 380, 81st Congress, and Public Law 482, the Wolverton Bill of the 83rd Congress has continued. In the plan for administration of the law, Massachusetts is divided into 68 hospital service areas of which 4 are teaching areas, 44 urban areas and 20 rural areas. Of 36 urban areas with A or B priority, 21 have had approved projects. Twelve rural areas had an A or B priority and all have had approved projects. These figures indicate that high priority areas have taken adequate advantage of the program since its inauguration in 1947.

In accordance with the original intent of Congress, rural areas have manifested the greatest degree of improvement in health facilities, new hospitals having been erected or being planned in 9 rural hospital service areas, replacing existing substandard, and in some cases, hazardous, structures. Of the \$15,762,000 allotted to Massachusetts, \$9,056,000 (57.5 per cent) has gone to hospitals in urban centers (besides Boston, Worcester and Springfield) where the need for additional beds was most urgent.

Planning on a State-wide basis for chronic disease is another aspect of the program. Of 9 chronic disease projects completed or planned, 6 will provide facilities for the short-stay chronically ill patient and 3 will offer long-term care. In one community a city infirmary is being replaced with a chronic disease hospital.

Of 3 health centers approved for Federal aid, only 2, in Quincy and Brookline, have been completed.

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Institute of Laboratories

The work of the Mycology Laboratory has continued fruitful during the year, financed in part through a grant administered by Harvard University. A great variety of work has been done during the year, but emphasis has been given to Nocardiosis. Nocardiosis apparently occurs more commonly in Massachusetts than any one thought possible, previous to this work which is now in progress. Because there is such a dearth of information on this disease, research covering every aspect of Nocardiosis is urgently needed. There are hopeful indications that the appropriate antibiotic will have therapeutic value.

The inadequacy of current laboratory diagnostic methods is largely responsible for the failure to distinguish between Nocardiosis and Tuberculosis. The method of examining the sputum for tuberculosis organisms most commonly used kills the Nocardia organisms, preventing their detection by culture, although they may be seen with the microscope in the stained smear where they are indistinguishable from the organisms causing tuberculosis. This results in patients free of tuberculosis being placed in close contact with other patients in tuberculosis sanatoria with the attendant hazards.

The program of research at present has three objectives:

(1) To devise a satisfactory routine method of examining sputum which will allow detection of both Tuberculosis and Nocardia organisms.

(2) To devise a satisfactory routine method of differentiation between these two organisms.

(3) To classify the Nocardia organisms, as a guide to the investigation of differences in pathogenicity and to provide effective therapeutic procedures.

Contract work under the auspices of the Armed Forces Epidemiological Board has been continued through the year and has been a further aid to basic research in immunologic problems.

Dr. Ipsen has been appointed as the coordinator of three New England laboratories in a United States Public Health Service project to follow up on samples collected by their Polio Surveillance Unit working out of Atlanta, Georgia. The three laboratories are our State Diagnostic Laboratory, Dr. Enders' laboratory at the Children's Medical Center and Dr. Melnick's laboratory at Yale.

Biologic Laboratories - During the year improved and somewhat less costly media has been developed for the production of Diphtheria toxoid. The work of Dr. Alvin

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Pappenheimer, Jr., formerly of these laboratories and the late Dr. J. Howard Mueller of the Harvard Medical School on the importance of iron in media used in making diphtheria toxoid is now being reassessed in the light of this newer knowledge.

The year's distribution reached an all-time high in individual packages distributed. The product contributing most to this distribution, the triple antigen - Diphtheria Tetanus and Pertussis-leads with 500,000 doses which is an all-time high for any product produced at the laboratories. This includes the years when smallpox was found in the State and 300,000 - 400,000 doses a year were required to control this disease. However, the distribution of smallpox vaccine this year was higher than any year since the State's smallpox outbreak in 1932.

A comparatively new product Tetanus and Diphtheria Toxoids, combined, fluid, For Adult Use, has had extensive trial during the year both in the State and in a few States promising to cooperate by reporting on its use. In one State - Kentucky - a sizable epidemic of diphtheria occurred in one rural county.

A new product "Fibrinogen Free Low Globulin Plasma" has been prepared in cooperation with Dr. Dwight Mulford and Mr. Edward Mealey of the University of Kansas; clinical trials have been most satisfactory. The two chief advantages of their material over plasma are: (1) Pasteurized at 60°C. for 10 hours, which should destroy hepatitis virus and (2) Fibrinogen and Immune Serum Globulin are obtained as by-products.

Diagnostic Laboratory - The Diagnostic Laboratory performed nearly 60,000 tests, including a particularly heavy increase in serological tests for virus diseases.

The Laboratory added to its services typing for pathogenic E. coli and a more comprehensive screening in diagnostic serology for upper respiratory infections of viral origin. The inauguration of a more efficient and economical system of preparing reports on negative specimens has been started. The Laboratory has cooperated with the Harvard Medical School Mycology Laboratory during the year in a study on the incidence of nocardiosis among patients suspected or diagnosed tuberculosis. Research studies in the virology field were continued to the extent possible with the greatly increased load of routine diagnostic work.

Aid was given in the inauguration of blood grouping instruction in six colleges as a civil defense measure. In addition the Laboratory ran refresher courses in the diagnosis of bacterial enteric pathogens for local laboratory technologists, and a refresher course in the laboratory diagnosis of tuberculosis.

Wassermann Laboratory - During the year this laboratory performed 549,184 tests. Over 490,000 of these specimens were submitted for serologic tests for syphilis. Through the cooperation of the U.S. Venereal Disease Research Laboratory at Chamblee, Georgia, the Treponemal Immobilization test was added to the routine procedures.

Specimens for evaluation of serologic tests for syphilis were sent to one hundred and twenty-three laboratories throughout the State. Instruction in the techniques of the serology of syphilis was given to technicians participating in these evaluations.

This year two hundred and sixteen heads of animals were examined for rabies. A relatively large number of small wild animals was received. However, all of the material proved to be non-rabid.

In cooperation with the U. S. Department of Agriculture and the Massachusetts Division of Livestock Disease Control an exhilarated program for the eradication of brucellosis (blood testing of cattle) was started during March of this year.

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BUREAU OF PREVENTIVE MEDICINE

Division of Local Health Services

One of the highlights of the year was the activity of this Division in correlating the district work to take care of the disaster caused by hurricanes Carol and Edna.

At the request of the Superintendent of Schools, plans were formulated for a survey of school health services in the towns of Barre, Petersham and Hardwick.

A conference was held with local health officers and agents relative to the possibility of the establishment of this group as an advisory committee to the Department. There was general agreement among these health officers that this group would be of great assistance to the Department and they in turn would benefit from their dealings with the Commissioner.

The Director of this Division attended a meeting of the combined boards of health of Needham, Wellesley and Weston, the purpose of which was to determine whether or not these three towns would officially set up a regional health department to supply health services in all three communities. There were no objections on the part of any one present to this plan and it is hoped that the organization will begin functioning in the spring of 1956.

Representatives of the Division visited the Fitchburg district office and inspected the new proposed office quarters at the Burbank Hospital. Preliminary arrangements were discussed with the superintendent of the hospital and members of the North Worcester County Mental Health Association relative to the sharing of quarters and the prorating of the rents. Due to lack of funds, however, it was decided to move the Fitchburg office to the Rutland State Sanatorium.

During the year the District Health Office located in New Bedford was moved to a building on the grounds of the Lakeville State Sanatorium.

The Commissioner held a conference with Division Directors in the early part of the year at which time the reorganization of the Department was discussed. This reorganization has since been put into effect. Also, further plans were discussed relative to consolidating the districts from seven to four district health offices. It is expected that this consolidation will be completed during the fiscal year 1955-56.

Three new local health centers were placed in operation during the year, namely, Brookline, Salem and the Parmenter Health Center located at Wayland.

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For the first time associations of local boards of health were formed in Plymouth and Berkshire counties. Both of these associations were promoted and assisted by representatives of the Division of Local Health Services with the cooperation of various interested members of local boards of health and lay people. A "Manual of Information for Local Boards of Health" has been completed and should be ready for distribution in the early part of September, 1955.

Division of Maternal and Child Health

The Division of Maternal and Child Health during the past year sponsored or co-sponsored institutes, postgraduate courses, workshops, and other educational facilities for physicians, nurses, teachers, vision and hearing testers and other professional personnel. Lay education was conducted through the media of talks and the distribution of literature.

Support was given to the work of the School Health Committee and the Committee on Maternal Welfare of the Massachusetts Medical Society, the Massachusetts Chapter of the American Academy of Pediatrics, the New England Ophthalmological Society, the Massachusetts School Physicians' Association, and other professional organizations.

Hospital care was provided by the Division for forty-three premature infants and for 596 such infants by the local boards of health.

Two surveys of school health services were conducted. Assistance was given the Departments of Education and Mental Health in drawing up the regulations concerning the new legislation providing education at public expense for certain mentally retarded children.

Three more nursery schools for preschool children who are hard of hearing were opened. Hearing aids were provided for a limited number of deaf children. Considerable time was devoted to the research projects concerning mentally retarded children who are hard of hearing and the study of the effect of pre-diabetes on the outcome of pregnancy.

Under the Crippled Children's Program 3,627 children received clinic care and 362 children received hospital care. A study of the needs of crippled children of the Commonwealth was completed.

Division of Communicable Diseases

Activities in connection with the polio vaccine hampered the routine duties of the Division during the year. The first six months were devoted to finishing up the details of the 1954 field trials, assisting the twenty-five communities in obtaining the two additional blood specimens from about 5 per cent of the children and in collecting epidemiological information and laboratory specimens to be used in the evaluations.

The second half of the fiscal year demanded a large share of the Division's time in aiding the communities to organize for the giving of the vaccine to the first and second graders. All of the details, changes in plans, etc., placed a tremendous burden of telephone calls upon the Division so that for a time it was necessary to have a third line on which to answer calls. The recommendation of the Polio Vaccine Advisory Committee that further inoculations be postponed until the end of the polio season decreased the burden toward the end of the fiscal year.

In regard to other communicable diseases, the total number of cases reported was not far from the median. Diphtheria and typhoid fever remained at very low levels, but 1954 was another high measles and mumps year. Infectious hepatitis, psittacosis, and salmonellosis were also at high levels.

In spite of the interference of the polio vaccine program, the Division maintained its activities in the general field of informing health workers about communicable disease problems.

Division of Venereal Diseases

The most significant event during 1954 was the continued increase in reported syphilis. In 1954, there was a 12.0 per cent increase over 1953. Our lowest year for reported syphilis was in 1950, and the percentage increase in 1954 over that of 1950, is 50.3 per cent. While syphilis has increased, the gonorrhea rates have remained practically stationary. These too should have increased if morbidity reporting on gonorrhea was on a par with reported syphilis. It has been found that for every case of syphilis there should be ten cases of gonorrhea.

Our records clearly indicate that organized and commercialized prostitution is not a major factor in our venereal disease problem since only approximately 6 per

cent of our patients with these diseases named prostitutes as their contacts. Our biggest source of venereal disease is the pickup. Most of our patients with gonorrhea are single, but most of our patients with syphilis are married. The average age of civilian patients with gonorrhea is 29.6, whereas the average age of military patients is 23.0. While the pickup remains as the biggest source of venereal disease, the places of pick-up are centered primarily around the taverns and restaurants. The home, automobiles and hotels in that descending order of frequency are the places of exposure.

The Division still continues the follow-up of all selectees discovered to have a positive blood test for syphilis or other evidence of venereal disease. These patients may be examined by their private physician or the nearest State cooperating venereal disease clinic. These reports are evaluated and sent to the Induction Board. Similarly, the Division receives reports from the military of men separated from the Armed Forces who need follow-up for these diseases.

Based on its successful experiences of the past three years, the Division staff is now responsible for the interviewing of military patients in Massachusetts and their contacts. This work is in addition to our contact investigation activities of all contacts of military patients in Massachusetts.

In the State cooperating venereal disease clinics 5,981 patients were examined, and these represented a total of 26,473 clinic visits.

Our plan for extending our reciprocity arrangements, insofar as the premarital examination law is concerned, continues. At the present time, out of the forty states which have such laws, Massachusetts will accept the certificates of thirty-six states. In return, nineteen states have agreed to accept our premarital certificates when properly completed.

The Division is currently engaged in four applied research studies:

- (1) The prenatal syphilis study program - The purpose of this study is to answer five major questions:
 - (a) What is the incidence and prevalence of prenatal syphilis at the hospitals under study?

- 43
- (b) How many women develop syphilis during pregnancy subsequent to the initial negative prenatal blood test?
 - (c) At what month during pregnancy is the prenatal blood test taken for patients delivering at a large hospital?
 - (d) How many women delivering at a large hospital have no prenatal blood test taken at all?
 - (e) To what degree will anesthesia influence the blood test?
- (2) Serologic Study - This is a program for the follow-up study of all positive blood tests for syphilis obtained at the Wassermann Laboratory and sent to private physicians. The objective of this study is to evaluate the completeness of morbidity reporting by private physicians, and the incidence of false positive blood tests for syphilis.
- (3) The Military Interviewing Program - This is a cooperative venture in which the staff interviews military patients for contacts, and at the same time trains military corpsmen in the science and art of interviewing.
- (4) The Evaluation of the Treponema Pallidum Immobilization Test.

Division of Alcoholism

On July 1, 1954 the Division of Alcoholism of the Massachusetts Department of Public Health began the fourth year of its existence with seven alcoholism clinics in operation. These clinics are located in the outpatient departments of general hospitals in cities throughout the Commonwealth.

During the fiscal year the number of clinics remained at seven, located in the following cities: Boston 3, Quincy 1, New Bedford 1, Worcester 1, and Pittsfield 1. Legislation has been passed for the establishment of two additional clinics, one in Springfield and one in Lawrence.

Over-all study of the statistical reports of the various clinics shows a marked improvement in the number of recovered cases, both percentage-wise and numerically. The system of recording the results of treatment by categories has proven a valuable yardstick in measuring the actual results attained by the clinics on a factual basis.

Division of Dental Health

The Division of Dental Health has provided direct and consultative services to over half the communities in the State during the past twelve months in a program designed to prevent or control dental disease conditions considered of public health significance.

Local community activities in this field appear as extensive as ever. Measurements of disease prevalence performed by the Division and treatment and control effectiveness indicate some progress in this field. Early group preventive programs hold a potential for radically improving the relative effectiveness of the already extensive corrective and educational effort.

The preventive practice of fluoridation has been followed closely by the Division. Other uses of fluorides for preventive purposes seem to be falling into relative disuse.

The Division has continued its training program of public health dental hygienists. The four years' experience with this effort indicates this may well be considered a useful annual activity.

The Department publications in the dental health field have proved to be in demand. All resources allotted for this effort have permitted the distribution of educational material to over one-half the State's communities. Of these publications, screening devices appear to reach over fifteen per cent of the school-age population.

The Division has benefited by guidance from organized dentistry in the formation of plans designed to broaden the scope of service available, particularly in the preventive field.

BUREAU OF ENVIRONMENTAL SANITATION

Division of Sanitary Engineering

Increased responsibilities added to the Division of Sanitary Engineering include transfer of the Division of Smoke Inspection, greater authority in garbage and refuse control, and state-wide control of atmospheric pollution.

Public water supplies were established during this year in the Hillcrest Water District in the town of Leicester and in the town of North Reading. Test Wells were driven in West Newbury in seeking a source for future public water supply. During the year two additional municipalities installed fluoridation equipment so that at the end of the fiscal year 17 communities were receiving fluoridated water. In 5 additional municipalities local approval of fluoridating the water has been given, but no action has been taken toward installing the necessary equipment. The hurricanes of August 31 and September 11 caused considerable damage to water supply installations and serious power shortages.

Progress continues in the stream pollution control program. A proposed act submitted to the Legislature would have seriously impeded future progress by suspending until the year 1960 enforcement of the law insofar as it pertained to cities and towns bordering and using the Connecticut River for disposal of sewage. Fortunately this law was not enacted.

Subsequent to a hearing held by the Director of the Division of Accounts to determine the ability of the city of Northampton to finance construction of works to abate pollution of the Connecticut River, the Director found that the city had such ability and the Department requested the Attorney General to take such action as may be necessary to obtain compliance.

The Division of Smoke Inspection was transferred from the Department of Public Utilities to this Department on September 8, 1954. The authority of this Division is limited to preventing violations of the Smoke Law in 31 cities and towns comprising Metropolitan Boston.

In connection with the responsibility given to this Division for the control of atmospheric pollution, an air sampling program of the Metropolitan Boston Area was initiated in October 1954 in conjunction with the Robert A. Taft Sanitary Engineering Center of Cincinnati. Three sampling sites have been established; analyses to date

indicate that the polluttional index is on an average with cities of similar size. To date, because of limited personnel and lack of funds appropriated, it has been impossible to comply with all of the numerous requests for assistance in air pollution surveys received from municipalities considering adoption of minimum rules and regulations.

This Division has continued its activities in the examination of recreational and overnight camps, trailer coach parks and motels. Construction of new motels along the main highways and in recreational areas has increased noticeably.

A new law, Chapter 310 of the Acts of 1955, gives the Department additional authority in controlling garbage and refuse disposal. Primary authority, however, in the establishment of a dump or incinerator is still vested in the local board of health.

Passage of Chapters 209 and 447 of the Acts of 1954 necessitated adoption of new "Minimum Standards of Fitness for Human Habitation". Following a series of one-day conferences and a hearing in the State House, these minimum standards were adopted by the Public Health Council on March 8, 1955.

The new Lawrence Experiment Station was completed and finally accepted on April 13, 1955. The total cost of building, equipment, land, etc., amounted to \$516,000. Work is progressing in equipping the Plumbing Research Laboratory.

The Home Accident Prevention Project has continued its statistical study of injuries from home accidents. A Home Accident Prevention kit consisting of five booklets and a check list has been prepared to meet the needs of local health departments.

Under a reorganization of the Civil Defense Agency the State was divided into four, instead of nine, areas. Assignments of engineers have been made to State Headquarters, also to each of the four area headquarters. Operation of the Water Service and the Sanitation and Food Service rests with the Bureau of Environmental Sanitation.

Publications prepared for publication include quarterly issues of "Sanitalk", also new pamphlets, "Food Condemnation and Inspection", "Inspection of Markets and Fairs", "Minimum Standards of Fitness for Human Habitation", "Housing Rehabilitation", and "Atmospheric Pollution Control".

Division of Food and Drugs

The routine operations of the Division have been carried on as usual; a 100 per cent increase in workload during the past two years has necessitated a curtailment of certain services in order to give attention to new responsibilities. Among these added duties are the utilization of frozen foods, the technological advances in the utilization of food additives, and the tremendous increase in the use of pre-packaged foods.

The Division's function as an "emergency unit" was vividly displayed as a result of the disasters caused by Hurricanes Carol and Edna. Its efforts prevented the spoilage of large quantities of foods and drugs and also caused the removal of large quantities of damaged foods and drugs from the Massachusetts market. Under instructions from the Governor's office and with their complete cooperation, the Division of Food and Drugs set up a dry ice distribution program which saved many millions of pounds of perishable food from spoilage. The Division also coordinated and facilitated the cleaning up of restaurants and food-handling establishments contaminated by flood waters; spoiled meats and other foods were immediately destroyed; food handling establishments and equipment were sterilized; certain food and drug products, totalling many millions of pounds, were salvaged.

The laboratory facilities have been used to their capacity in analytical work, very little time being available to carry out research programs which would lead to better law enforcement. Laboratory responsibilities have increased considerably during the past several years, due to the large number of narcotic, liquor and harmful drug samples submitted by the police.

Pasteurization plant inspections have shown a greater degree of compliance with sanitary standards than heretofore. A definite lowering of total bacteria count in milk has been noted; good compliance with the legal standards for butterfat and total solids content has been found. High-temperature, short-time pasteurization has been responsible for several cases of watered milk which occurred because of premature boiling, adequate time not being provided for the draining off of the pre-heating water system.

Milk inspection on the local level has shown a tendency to decrease, placing more and more reliance upon State inspection. In the several communities employing milk inspectors good programs are being carried out.

The condition of sanitation at the several fairs operated in the Commonwealth has become of increasing concern to the Department. Programs are being established to effect improvement in the preparing, handling and serving of food at these fairs.

The Division of Food and Drugs continued its inspection of local slaughterhouses, the interviewing and education of nominees for the position of local slaughtering inspector, and the supervision of approximately 350 slaughtering inspectors. Slaughtering during the year continued at a relatively high level. Many of the older slaughterhouses have been expanded and improved and several modern slaughterhouses have been constructed. However, there is evidence of a definite need for more supervision of poultry slaughtering. Attempts to ship diseased poultry into the State during the night in the hope of evading inspection have been intercepted by our inspectors working with inspectors of the U. S. Food and Drug Administration. The problem is so serious that at a meeting of the World Food and Drug Officials last year a resolution was passed to petition the Federal Government to set up a poultry slaughtering inspection system similar to the one now used for meat inspection.

DEPARTMENT OF PUBLIC HEALTH
FINANCIAL REPORT
STATE FUNDS
TWELVE MONTHS ENDED JUNE 30, 1955

<u>NEW ENGLAND INTERSTATE WATER POLLUTION CONTROL COMMISSION</u>		<u>APPROPRIATIONS</u>		<u>EXPENDITURES</u>		<u>BALANCE</u>
<u>0455-01</u>						
-03	Services, Non-Employees	960 00		900 00		60 00
-10	Travel & Automotive Expenses	812 00		812 00		--
-13	Special Supplies & Expenses	6 500 00		6 500 00		--
<u>COMMISSIONER'S SALARY</u>						
<u>2001-01</u>	-01 Salaries, Permanent	12 500 00		12 500 00		--
<u>ADMINISTRATION</u>						
<u>2001-02</u>						
-01	Salaries, Permanent	146 835 00		141 643 94	5 191 06	
-02	Salaries, Other	90 00		78 71	11 29	
-03	Services, Non-Employees	35 00		35 00	--	
-10	Travel & Automotive Expenses	16 250 00		16 236 30	13 70	
-11	Advertising & Printing	1 548 00		1 437 08	110 92	
-12	Maintenance Repairs & Alterations	7 300 00		7 300 00	--	
-13	Special Supplies & Expenses	760 00		720 00	40 00	
-14	Office & Administrative Expenses	17 062 00		17 020 65	41 35	
-15	Equipment	12 802 13		12 802 13	--	
-16	Rentals	3 544 00		2 635 77	908 23	
<u>CLINICS FOR HARD-OF-HEARING CHILDREN</u>						
<u>2001-22</u>						
-02	Salaries, Other	8 160 00		5 520 78	2 639 22	
-04	Food for Persons	70 00		68 66	1 34	
-07	Laboratory, Medical & General Care	5 365 00		5 316 18	48 82	
-10	Travel & Automotive Expenses	404 00		404 00	--	
-13	Special Supplies & Expenses	846 00		803 81	42 19	
-14	Office & Administrative Expenses	200 00		182 18	17 82	
-15	Equipment	5 215 00		4 978 34	236 66	

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TUBERCULOSIS & SANATORIA

2010-01

	APPROPRIATIONS	EXPENDITURES	BALANCE
-01 Salaries, Permanent	131 860 00	117 217 01	14 642 99
-02 Salaries, Other	490 00	---	490 00
-03 Services, Non-Employees	1 980 00	1 980 00	---
-07 Laboratory, Medical & General Care	27 550 00	27 541 01	8 99
-10 Travel & Automotive Expenses	2 600 00	2 600 00	---
-11 Advertising & Printing	140 00	140 00	---
-12 Maintenance Repairs & Alterations	150 00	150 00	---
-14 Office & Administrative Expenses	1 960 00	1 955 63	4 37

TUBERCULOSIS CLINICS

2010-02

-07 Laboratory, Medical & General Care	17 000 00	17 000 00	---
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DIVISION OF LABORATORIES 2010-10

-01 Salaries, Permanent	377 670 00	372 197 62	5 472 38
-02 Salaries, Other	71 790 00	68 215 30	3 574 70
-03 Services, Non-Employees	1 050 00	833 00	217 00
-06 Housekeeping Supplies & Expenses	300 00	275 39	24 61
-07 Laboratory, Medical & General Care	53 546 00	53 211 93	334 07
-08 Heat & Other Plant Operations	22 630 00	21 605 90	1 024 10
-10 Travel & Automotive Expenses	450 00	440 00	10 00
-11 Advertising & Printing	4 325 00	3 738 98	586 02
-12 Maintenance Repairs & Alterations	15 000 00	14 553 72	446 28
-13 Special Supplies & Expenses	25 00	---	25 00
-14 Office & Administrative Expenses	14 350 00	14 188 76	161 24
-15 Equipment	879 00	878 12	88
-16 Rentals	10 250 00	9 982 08	267 92

DIVISION OF HOSPITALS

2010-30

-01 Salaries, Permanent	79 090 00	72 750 58	6 339 42
-02 Salaries, Other	8 675 00	6 646 48	2 028 52
-03 Services, Non-Employees	250 00	---	250 00
-07 Laboratory, Medical & General Care	50 00	16 53	33 47
-10 Travel & Automotive Expenses	1 700 00	1 539 36	160 64
-11 Advertising & Printing	1 310 00	961 09	348 91
-12 Maintenance Repairs & Alterations	100 00	75 00	25 00

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DIVISION OF HOSPITALS (Cont'd)

2010-30

-14 Office & Administrative Expenses
-15 Equipment
-16 Rentals

APPROPRIATIONS

2 530 00
2 126 00
4 400 00

EXPENDITURES

2 526 65
2 121 01
4 400 00

BALANCE

3 35
4 99
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DIVISION OF CHRONIC DISEASES

2010-40

-01 Salaries, Permanent
-02 Salaries, Other
-03 Services, Non-Employees
-07 Laboratory, Medical & General Care
-08 Heat & Other Plant Operation
-10 Travel & Automotive Expenses
-11 Advertising & Printing
-12 Maintenance Repairs & Alterations
-13 Special Supplies & Expenses
-14 Office & Administrative Expenses
-15 Equipment
-16 Rentals

72 835 00
1 470 00
38 100 00
54 750 00
700 00
650 00
125 00
110 00
100 00
2 200 00
425 00
11 175 00

71 663 79
337 93
37 800 00
53 345 55
700 00
650 00
115 15
110 00
7 50
2 138 13
366 00
11 085 00

1 171 21
1 132 07
300 00
1 404 45

9 85

92 50
61 87
59 00
90 00

HEART DISEASE PROGRAM

2010-60

-02 Salaries, Other
-03 Services, Non-Employees
-07 Laboratory, Medical & General Care
-11 Advertising & Printing
-13 Special Supplies & Expenses
-14 Office & Administrative Expenses
-15 Equipment

3 010 00
500 00
10 955 00
10 00
100 00
262 00
163 00

3 000 00
500 00
10 955 00
7 46
100 00
208 49
162 50

10 00

2 54

53 51
50

ENVIRONMENTAL SANITATION

2015-01

-01 Salaries, Permanent
-02 Salaries, Other
-03 Services, Non-Employees
-06 Housekeeping Supplies & Expenses
-07 Laboratory, Medical & General Care
-08 Heat & Other Plant Operation
-10 Travel & Automotive Expenses

459 620 00
24 705 00
1 595 00
600 00
13 250 00
6 655 00
14 085 00

453 660 73
24 606 23
1 558 50
600 00
13 217 41
6 444 59
13 761 13

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98 77
36 50

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323 87

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BUREAU OF ENVIRONMENTAL SANITATION (Cont'd)

2015-01

	APPROPRIATIONS	EXPENDITURES	BALANCE
-11 Advertising & Printing	3 820 00	3 781 36	38 64
-12 Maintenance Repairs & Alterations	2 340 00	2 280 83	59 17
-13 Special Supplies & Expenses	3 500 00	3 499 24	76
-14 Office & Administrative Expenses	6 040 00	5 976 73	63 27
-15 Equipment	1 270 00	1 263 30	6 70
-16 Rentals	60 00	60 00	--

PREVENTIVE MEDICINE

2020-01

-01 Salaries, Permanent	254 115 00	249 511 22	4 603 78
-02 Salaries, Other	5 040 00	4 816 24	4 223 76
-03 Services, Non-Employees	4 100 00	4 100 00	---
-07 Laboratory, Medical & General Care	74 300 00	74 299 07	93
-08 Heat & Other Plant Operation	900 00	900 00	---
-10 Travel & Automotive Expenses	7 180 00	6 835 00	345 00
-11 Advertising & Printing	2 970 00	2 829 11	140 89
-12 Maintenance Repairs & Alterations	1 100 00	982 74	117 26
-13 Special Supplies & Expenses	295 00	244 25	50 75
-14 Office & Administrative Expenses	5 410 00	5 266 61	143 39
-16 Rentals	9 300 00	9 289 40	10 60

DIVISION OF COMMUNICABLE DISEASES

2020-10

-01 Salaries, Permanent	83 520 00	82 257 22	1 262 78
-02 Salaries, Other	27 600 00	27 587 81	12 19
-03 Services, Non-Employees	400 00	355 00	45 00
-07 Laboratory, Medical & General Care	290 289 00	284 481 82	5 807 18
-10 Travel & Automotive Expenses	1 475 00	1 475 00	---
-11 Advertising & Printing	2 000 00	1 865 40	134 60
*-13 Special Supplies & Expenses	961 00	960 52	48
-14 Office & Administrative Expenses	5 445 00	5 018 48	426 52
-15 Equipment	705 00	664 24	40 76
-16 Rentals	1 421 00	1 416 00	5 00
*-12 Maintenance Repairs & Alterations	225 00	203 32	21 68

DIVISION OF ALCOHOLISM

2020-30

- 01 Salaries, Permanent
- 02 Salaries, Other
- 03 Services, Non-Employees
- 07 Laboratory, Medical & General Care
- 08 Heat & Other Plant Operations
- 10 Travel & Automotive Expenses
- 11 Advertising & Printing
- 12 Maintenance Repairs & Alterations
- 13 Special Supplies & Expenses
- 14 Office & Administrative Expenses
- 15 Equipment
- 16 Rentals

APPROPRIATIONS

12 090 00
 14 665 00
 500 00
 113 053 00
 180 00
 1 400 00
 550 00
 25 00
 75 00
 1 380 00
 850 00
 1 237 00

EXPENDITURES

11 943 64
 14 558 08

 103 484 18
 180 00
 1 339 08
 320 74
 17 00
 36 25
 1 344 70
 657 91
 1 236 66

BALANCE

146 36
 106 92
 500 00
 9 568 82

 60 92
 229 26
 8 00
 38 75
 35 30
 192 09
 34

RHEUMATIC FEVER CLINICS

2020-50

- 03 Services, Non-Employees
- 07 Laboratory, Medical & General Care

1 400 00
 5 350 00

1 400 00
 5 346 98

 3 02

SUBSIDIES FOR TUBERCULAR PATIENTS
 IN CERTAIN HOSPITALS

2620-01

- 17 State Aid

432 358 09

429 415 88

2 942 21

SMOKE INSPECTION

4311-01

- 01 Salaries, Permanent
- 08 Heat & Other Plant Operation
- 10 Travel & Automotive Expenses
- 11 Advertising & Printing
- 12 Maintenance Repairs & Alterations
- 13 Special Supplies & Expenses
- 14 Office & Administrative Expenses
- 15 Equipment
- 16 Rentals

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TOWN OF MERRIMAC	APPROPRIATIONS	EXPENDITURES	BALANCE
RELIEF OF MIDGE NUISANCE			
2015-27	2 000 00	1 560 55	439 45

GRAND TOTALS	3 249 403 22	3 164 635 05	84 768 17
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SPECIAL APPROPRIATIONS

HYAMS LABORATORY ADDITION			
2001-21-00	109 270 35	86 168 49	23 101 86
MOVING WATER LABORATORY			
2015-24-13	5 619 75	2 380 65	3 239 10
STUDY OF IMPROVEMENT TO CERTAIN PONDS			
2015-25-00	7 369 26	6 297 91	1 071 35
CERTAIN STUDIES			
2015-26-00	15 000 00	4 221 09	10 778 91

ANTI-POLIO VACCINE PROGRAM

2007-10			
-02 Salaries, Other	4 620 00	- --- --	4 620 00
-07 Laboratory, Medical & General Care	195 380 00	- --- --	195 380 00

LAND & NEW BUILDING AT LAWRENCE EXPERIMENT STATION

7720-02-00	107 657 23	85 700 72	21 956 51
TOTALS OF SPECIAL APPROPRIATIONS	444 916 59	184 768 86	260 147 73
TOTALS OF MAINTENANCE APPROPRIATIONS	3 249 403 22	3 164 635 05	84 768 17
GRAND TOTALS	3 694 319 81	3 349 403 91	344 915 90

TOTAL RECEIPTS FOR TWELVE MONTHS ENDED JUNE 30 1955	243 431 85
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The Principal Financial Items of this Report
are in agreement with the Comptroller's Records

October 17, 1955

Date

Checked By

(s) Joseph A. Prenney

(s) Fred A. Moncewicz

Fred A. Moncewicz, Comptroller

YEARLY FINANCIAL REPORT - FEDERAL AND OTHER GRANTS

12 MONTHS ENDING JUNE 30, 1955

ACCOUNT NUMBER - NAME	1955		1955		1955		UNENCUMBERED BALANCE
	APPROPRIATION	EXPENDITURE	BALANCE	ENCUMBERED	BALANCE		
1213-00-00 FED GR CANCER CONTROL							
Central Administration	16 075 15	13 848 08	2 227 07	2 227 07	---	---	
Accounting	170 06	169 77	29	---	---	---	29
Health Information	3 777 00	3 751 14	25 86	22 45	---	3 41	
Car Pool	58 44	32 43	26 01	---	---	26 01	
Cancer Control	58 501 52	51 753 33	6 748 19	6 660 46	---	87 73	
Training Personnel	525 00	525 00	---	---	---	---	
TOTAL	79 107 17	70 079 75	9 027 42	8 909 98	---	117 44	
214-00-00 FED GR GENERAL HEALTH							
Central Administration	39 428 70	37 661 70	1 767 00	1 606 69	---	160 31	
Personnel	233 44	233 44	---	---	---	---	
Accounting	1 231 75	1 081 34	150 41	---	---	150 41	
Health Information	26 755 43	25 670 23	1 085 20	987 96	---	97 24	
Nursing Bureau	179 90	139 43	40 47	40 47	---	---	
Nutrition Bureau	691 50	341 50	350 00	350 00	---	---	
Car Pool	5 387 15	4 600 67	786 48	767 92	---	18 56	
Diagnostic	7 105 75	7 105 45	30	---	---	30	
Division of Hospitals	3 480 00	3 480 00	---	---	---	---	
Nashoba Health Unit	10 000 00	10 000 00	---	---	---	---	
Barnstable County	1 000 00	500 00	500 00	500 00	---	---	
Sanitary Engineering-Central	49 296 88	47 025 37	2 271 51	1 629 76	---	641 75	
Lawrence Experimental Station	9 816 22	9 799 52	16 70	---	---	16 70	
Amherst Laboratory	7 522 73	7 522 73	---	---	---	---	
Sanitation	12 021 12	11 919 07	102 05	69 04	---	33 01	
Food and Drug-Central	7 584 49	7 566 97	17 52	17 52	---	---	
Food and Drug-Laboratory	7 417 50	7 417 50	---	---	---	---	
Local Health-Central	16 376 37	16 219 37	157 00	137 00	---	20 00	
Southeastern-Lakeville	4 363 04	4 143 91	219 13	154 38	---	64 75	
Southeastern-Quincy	4 636 13	4 376 30	259 83	244 38	---	15 45	
Northeastern District	5 776 02	5 579 46	196 56	196 56	---	---	
Worcester-Central	5 696 89	5 214 85	482 04	477 66	---	4 38	
Fitchburg-Central	2 708 41	2 410 60	297 81	266 84	---	30 97	
Western-Amherst	4 188 70	4 082 09	106 61	75 82	---	30 79	
Western-Pittsfield	5 403 13	5 064 40	338 73	338 73	---	---	
Communicable Disease	4 894 61	4 862 41	32 20	---	---	32 20	
Training Personnel	12 864 37	11 378 97	1 485 40	1 462 50	---	22 90	
TOTAL	256 060 23	245 397 28	10 662 95	9 323 23	---	1 339 72	

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ACCOUNT NAME-NUMBER
215-00-00 Fed GR CHILDREN CR A

	1955 APPROPRIATION	1955 EXPENDITURE	1955 BALANCE	ENCUMBERED	ENCUMBERED BALANCE
Central Administration	11 160 00	11 085 87	74 13	---	74 13
Car Pool	4 418 15	3 184 92	1 233 23	764 04	469 19
Pittsfield General Hospital	1 080 00	840 00	240 00	240 00	---
Local Health - Central	1 207 00	---	207 00	161 65	45 35
Southeastern-Lakeville	14 137 00	14 137 00	---	---	---
Southeastern-Quincy	5 093 08	5 066 13	26 95	26 95	---
Northeastern	466 46	240 74	225 72	198 62	27 10
Worcester-Central	10 374 72	10 202 94	171 78	171 78	---
Fitchburg-Central	11 876 30	11 704 00	172 30	145 80	26 50
Western-Amherst	7 407 52	7 286 72	120 80	111 05	9 75
Western-Pittsfield	5 237 80	5 128 09	109 71	109 71	---
Orthopedic	69 667 74	60 974 13	8 693 61	5 462 00	3 231 61
Training Personnel	85 00	85 00	---	---	---
TOTAL	141 210 77	129 935 54	11 275 23	7 391 60	3 883 63

216-00-00 FED GR CR CHILDREN B

Central Administration	3 018 03	2 887 40	130 63	108 00	22 63
Accounting	198 88	198 88	---	---	---
Car Pool	450 07	307 70	142 37	68 89	73 48
Southeastern-Lakeville	196 12	115 82	80 30	80 30	---
Southeastern-Quincy	101 03	101 03	---	---	---
Northeastern	224 80	224 80	---	---	---
Worcester-Central	168 70	168 70	---	---	---
Fitchburg-Central	164 80	164 80	---	---	---
Western-Amherst	4 270 00	4 250 89	19 11	19 08	03
Western-Pittsfield	84 55	84 55	---	---	---
Orthopedic	26 474 50	23 498 24	2 976 26	2 976 26	---
Training Personnel	302 50	302 50	---	---	---
TOTAL	35 653 98	32 305 31	3 348 67	3 252 53	96 14

217-00-00 FED GR MAT.&CHILD HEALTH A

Central Administration	9 312 60	9 152 48	160 12	---	160 12
Health Information	30 685 61	30 677 45	8 16	8 16	---
Nursing Bureau	17 057 73	16 889 56	168 17	---	168 17
Pittsfield General Hospital	1 935 48	773 36	162 12	---	162 12
Cambridge Health	1 287 11	1 287 11	---	---	---
Maternal Mortality Study	2 000 00	1 160 00	840 00	840 00	---
Southeastern-Lakeville	161 30	161 30	---	---	---
Southeastern-Quincy	7 820 18	7 818 19	1 99	---	1 99
North Metropolitan	8 42	8 42	---	---	---
Northeastern	12 197 56	11 869 37	328 19	328 18	01

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ACCOUNT NAME	1955		1955		1955		ENCUMBERED BALANCE
	APPROPRIATION	EXPENDITURE	BALANCE	ENCUMBERED	BALANCE		
Worcester-Central	4 080 00	4 080 00	---	---	---	---	
Fitchburg-Central	8 64	8 64	---	---	---	---	
Western-Amherst	15 00	12 50	2 50	---	---	2 50	
Western-Pittsfield	3 000 00	3 000 00	---	---	---	---	
Maternal & Child Health A	60 975 16	57 113 02	3 862 14	412 94	3 449 20	---	
Training Personnel	3 666 00	3 015 00	651 00	220 00	431 00	---	
TOTAL	153 210 79	147 026 40	6 184 39	1 809 28	4 375 11	---	

218-00-00 FED GR MAT.&CHILD HEALTH B

Central Administration	4 215 56	3 958 56	257 00	257 00	---	---
Accounting	188 67	164 27	24 40	---	24 40	---
Health Information	327 22	228 87	98 35	98 35	---	---
Nursing Bureau	5 344 56	5 312 18	32 38	22 31	10 07	---
Car Pool	3 008 07	2 119 78	888 29	709 92	178 37	---
Nashoba Health Unit	500 00	500 00	---	---	---	---
Pittsfield General Hospital	150 00	150 00	---	---	---	---
Cambridge Health Department	189 86	189 86	---	---	---	---
Southeastern-Quincy	290 00	249 88	40 12	40 12	---	---
Northeastern	456 65	360 94	95 71	95 71	---	---
Worcester	3 85	3 85	---	---	---	---
Fitchburg-Central	14 85	14 85	---	---	---	---
Maternal Mortality	1 010 00	890 00	120 00	---	120 00	---
Dental Health	1 129 30	1 129 30	---	---	---	---
Maternal & Child Health B	12 734 32	9 792 31	2 942 01	2 942 01	---	---
Training Personnel	250 00	250 00	---	---	---	---
Child Growth & Development	16 440 33	16 440 33	---	16 175 00	265 33	---
TOTAL	46 253 24	25 314 65	20 938 59	20 340 42	598 17	---

219-00-00 FED GR VENEREAL DISEASE CONTROL

613 98	438 93	175 05	---	---	175 05
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221-00-00 FED GR TUBERCULOSIS CONTROL

Accounting	221 52	207 71	13 81	---	13 81	---
Health Information	4 359 04	4 334 85	24 19	22 50	1 69	---
Nursing Bureau	6 720 00	6 687 02	32 98	29 57	3 41	---
Car Pool	7 662 04	7 066 97	595 07	440 63	154 44	---
Tuberculosis-Central	23 982 56	22 440 18	1 542 38	1 542 38	---	---
Tuberculosis-Clinics	53 694 72	46 761 85	6 932 87	6 783 99	148 88	---
Diagnostic Laboratory	9 735 01	9 735 01	---	---	---	---
Boston Health	9 670 10	8 340 82	1 329 28	1 329 28	---	---
Boston City	779 84	764 33	15 51	---	15 51	---
Southeastern-Quincy	3 120 00	3 120 00	---	---	---	---
Northeastern	2 478 16	2 478 16	---	---	---	---

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ACCOUNT NUMBER	1955 APPROPRIATION	1955 EXPENDITURE	1955 BALANCE	ENCUMBERED	ENCUMBERED BALANCE
Fitchburg-Central Training Personnel	3 480 00	3 480 00	---	---	---
Cambridge City	1 409 62	1 353 63	55 99	55 99	---
Lowell Health	3 535 27	3 217 04	318 23	289 58	28 65
New Bedford Health	3 381 12	2 863 26	517 86	517 86	---
Hampden City	3 579 26	3 053 93	525 33	518 43	6 90
Fall River Board of Health	4 171 72	3 082 20	1 089 52	1 089 52	---
Lowell Health League	1 039 74	392 15	647 59	647 59	---
	1 061 82	965 94	95 88	95 88	---
TOTAL	14 081 54	130 345 05	13 736 49	13 363 20	373 29
222-00-00 FED GR WATER POLLUTION CONTROL	46 94	46 72	22	---	22
223-00-00 FED GR HEART DISEASE CONTROL					
Central Administration	1 566 88	1 466 86	100 02	36 36	63 66
Accounting	177 72	176 57	1 15	---	1 15
Health Information	4 214 61	4 139 00	75 61	34 64	40 97
Heart Program	23 231 79	21 126 73	2 105 06	2 056 67	48 39
Training Personnel	25 00	25 00	---	---	---
TOTAL	29 216 00	26 934 16	2 281 84	2 127 67	154 17
225-00-00 FED GR CR. CHILD. RESERVE B					
Rheumatic Fever	13 220 06	10 749 41	2 470 65	2 341 24	129 41
Training Personnel	10 125 00	9 375 00	750 00	750 00	---
TOTAL	23 345 06	20 124 41	3 220 65	3 091 24	129 41
226-00-00 FED GR MAT.&CHILD HEALTH RES B					
Mat. Care Project for Women	62 689 02	45 802 90	16 886 12	16 745 84	140 28
Training Personnel	180 029 92	108 225 32	71 804 60	54 059 18	17 745 42
Institute on Child Growth	9 022 00	7 139 12	1 882 88	---	1 882 88
TOTAL	251 740 94	161 167 34	90 573 60	70 805 02	19 768 58
228-00-00 FED GR MED. FACILITIES SUR. & PLAN					
	10 696 00	---	10 696 00	---	10 696 00
230-00-00 FED GR WATER POLLUTION RESEARCH					
	19 92	---	19 92	---	19 92
231-00-00 FED GR POLIOMYELITIS RESEARCH					
	1 450 00	---	1 450 00	---	1 450 00
233-00-00 FED GR NEUROSYPHILIS STUDY					
	1 539 19	1 446 38	92 81	---	92 81

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ACCOUNT NUMBER - NAME	APPROPRIATION	EXPENDITURE	BALANCE	ENCUMBERED	BALANCE
234-00-00 FED GR TECHNICAL COOPER. ADMIN	59 616 74	52 432 49	7 184 25	---	7 184 25
160-01-00 BLOOD RESEARCH	4 566 18	574 50	3 991 68	---	3 991 68
167-01-00 KELLOGG FOUND. TRUST FUND	27 625 45	18 484 39	9 141 06	---	9 141 06
168-01-00 KELLOGG HOME ACCIDENT PROG.	46 080 39	25 852 97	20 227 42	---	20 227 42
169-01-00 HOOD CHILD ACCIDENT PREVENTION	8 136 26	4 442 42	3 693 84	---	3 693 84
170-01-00 HOOD FERNALD EXPERIMENT	6 213 92	4 188 85	2 025 07	---	2 025 07
172-01-00 NAT'L FOUND. INFANTILE PARAL.	1 700 00	1 700 00	---	---	---
RAND TOTAL - FEDERAL & OTHER GRANTS	1 328 184 69	1 098 237 54	229 947 15	140 414 17	89 532 98

The Principal Financial Items of
This Report are in Agreement with
the Comptroller's Books.

11-1-55 (s) T.J. Sullivan

Checked By

(s) Fred A. Moncewicz

Comptroller

Respectfully submitted,

Samuel B. Kirkwood

Samuel B. Kirkwood, M.D.
Commissioner of Public Health

Paul F. Flaherty

Paul F. Flaherty

William H. Griffin D.D.

William H. Griffin, D.M.D.

Paul J. Jakmauh M.D.

Paul J. Jakmauh, M.D.

Raymond L. Mutter

Raymond L. Mutter

Charles F. Wilinsky M.D.

Charles F. Wilinsky, M.D.

Conrad Wesselhoeft M.D.

Conrad Wesselhoeft, M.D.
Public Health Council

of the
 "Mass." DEPARTMENT OF PUBLIC HEALTH
 July 1, 1955 to June 30, 1956

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

MASS. DEPARTMENT OF PUBLIC HEALTH

July 1, 1955 to June 30, 1956

filed with

the Secretary of the Commonwealth

12-4-56

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STATE HOUSE, BOSTON

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DEPARTMENT OF PUBLIC HEALTH

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MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

July 1, 1956

Commissioner of Public Health, Samuel B. Kirkwood, M.D.

PUBLIC HEALTH COUNCIL

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Florence L. Wall, Secretary

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Division of Health Information Louis Cohen, M.D., Dr.P.H., Director

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Director and Deputy Commissioner
Division of Maternal and Child Health Services R. Gerald Rice, M.D., M.P.H.,
Director

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Division of Hospital Facilities A. Daniel Rubenstein, M.D., M.P.H.,
Director

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Director
Division of Communicable Diseases Roy F. Feemster, M.D., Dr.P.H.,
Director
Division of Venereal Diseases Nicholas J. Flumara, M.D., M.P.H.,
Director
Division of Dental Health William D. Wellock, D.M.D., M.P.H.,
Director
Division of Alcoholism James B. Moloney, M.D., Director

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

July 1, 1951

Commissioner of Public Health, Samuel B. Kirkwood, M.D.

HEALTH BOARD COUNCIL

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George H. Bell, M.D., 1947-50
William H. Bell, M.D., 1950-51
Charles F. Wilinsky, M.D., 1951-52
James B. Moloney, M.D., 1952-53

ADMINISTRATIVE

Leon A. Bradley, Ph.D., Director

Division of Administration
Leon A. Bradley, Ph.D., Director

Division of Health Information
Louis Cohen, M.D., Dr. P.H., Director

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Robert E. Archibald, M.D., M.P.H., Director and Deputy Commissioner

Division of Maternal and Child Health Services
R. Gerald Rice, M.D., M.P.H., Director

DEPARTMENT OF HOSPITAL FACILITIES

A. Daniel Rubenstein, M.D., M.P.H., Bureau Chief

Division of Hospital Facilities
A. Daniel Rubenstein, M.D., M.P.H., Director

DEPARTMENT OF PREVENTIVE MEDICINE

Herbert L. Lombard, M.D., M.P.H., Bureau Chief

Division of Cancer and Chronic Diseases
Herbert L. Lombard, M.D., M.P.H., Director

Division of Communicable Diseases
Roy F. Reemster, M.D., Dr. P.H., Director

Division of Venereal Diseases
Nicholas J. Timmers, M.D., M.P.H., Director

Division of Dental Health
William D. Wellock, D.M.D., M.P.H., Director

Division of Alcoholism
James B. Moloney, M.D., Director

BUREAU OF ENVIRONMENTAL SANITATION
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Division of Sanitary Engineering Clarence I. Sterling, Jr., C.E.,
Director

Division of Food and Drugs George A. Michael, Director

BUREAU OF TUBERCULOSIS CONTROL
William H. Weidman, M.D., Bureau Chief

Division of Sanatoria and William H. Weidman, M.D., Director
Tuberculosis

BUREAU OF INSTITUTE OF LABORATORIES
Johannes Ipsen, M.D., M.P.H., Bureau Chief

Division of Biologic Laboratories James A. McComb, D.V.M., Director

Division of Diagnostic Robert A. MacCready, M.D., Director
Laboratories

District Health Officers under Division of Local Health Services

Southeastern District Grace E. Lutman, M.D.
Lakeville State Sanatorium
Middleboro

Northeastern District Frederick A. Dunham, M.D.
North Reading State Sanatorium
North Wilmington

Central District Arthur E. Burke, M.D.
Rutland State Sanatorium
Rutland

Western District Walter W. Lee, M.D.
University of Massachusetts
Amherst and
246 North Street, Pittsfield

Institutions under Division of Sanatoria and Tuberculosis

Lakeville State Sanatorium	Harry A. Clark, M.D., Superintendent
North Reading State Sanatorium	Clair W. Twinam, M.D., Superintendent
Rutland State Sanatorium	Paul Dufault, M.D., Superintendent
Westfield State Sanatorium	Wilson W. Knowlton, M.D., M.P.H., Supt.
Pondville Hospital	George L. Parker, M.D., Superintendent
Lemuel Shattuck Hospital	William H. H. Turville, M.D., Supt.
Massachusetts Hospital School	John J. Carroll, M.D., Superintendent

BUREAU OF HYGIENE AND SANITATION
Clarence I. Sterling, Jr., C.E., Bureau Chief

Division of Sanitary Engineering
Clarence I. Sterling, Jr., C.E.,
Director

Division of Food and Drugs
George A. Michael, Inspector

BUREAU OF TUBERCULOSIS CONTROL
William H. Weidman, M.D., Bureau Chief

Division of Sanatoria and
Tuberculosis
William H. Weidman, M.D., Director

BUREAU OF INSTITUTE OF LABORATORIES
Johannes Ipsen, M.D., R.P.H., Bureau Chief

Division of Biologic Laboratories
James A. McCamp, D.V.M., Director
Division of Diagnostic
Laboratories
Robert A. MacGregor, M.D., Director

District Health Officers under Division of Local Health Services

Southeastern District
Lakeland State Sanatorium
Middleboro

Northeastern District
North Reading State Sanatorium
North Wilmington

Central District
Rutland State Sanatorium
Rutland

Western District
University of Massachusetts
Amherst
316 North Street, Pittsfield

Sanatoriums under Division of Sanatoria and Tuberculosis

Lakeland State Sanatorium
North Reading State Sanatorium
Rutland State Sanatorium
Pittsfield State Sanatorium
Pondville Hospital
Shattuck Hospital
Massachusetts Hospital School
George E. Parker, M.D., Superintendent
William H. Weidman, M.D., Superintendent
Lakeland State Sanatorium
North Reading State Sanatorium
Rutland State Sanatorium
Pittsfield State Sanatorium
Pondville Hospital
Shattuck Hospital
Massachusetts Hospital School

ANNUAL REPORT OF PUBLIC HEALTH COUNCIL

Samuel B. Kirkwood, M.D., Chairman

Herewith is submitted the annual report of the Public Health Council for the fiscal year ending June 30, 1956.

Meetings

Regular monthly meetings were held in accordance with General Laws, Chapter 17, Section 3. The April, 1956, meeting was held at the Massachusetts Hospital School, Canton. This School, which was transferred from the Department of Public Welfare to the Department of Public Health by Chapter 508 of the Acts of 1954, provides hospital care and education to mentally competent physically handicapped children. On the day of the Council meeting there were 151 children at the School, a good many of them paraplegics and post polio cases. As this was the Council's first visit to the School since it was placed under the jurisdiction of the Department, considerable time was spent in viewing the patients' living quarters, the hospital, operating room, laboratories, shop for making braces and plaster casts, the educational and vocational training facilities, and recreational opportunities.

The regular June meeting was held at Andover in accordance with the policy established several years ago of holding some meetings each year in various parts of the State to consult with local health officials or view public health installations of various kinds.

Six special meetings were held this year. Some of these were necessary in order to hold public hearings relative to various hospitals and one meeting was to hear an appeal of a milk dealer from a city's refusal to issue a license to sell milk.

On September 28, 1955, at the invitation of Dr. Kenneth I. E. Macleod, Director, Nashoba Associated Boards of Health, the Council met in the towns of Ayer and Harvard in connection with the observance of the twenty-fifth anniversary of this association. Representatives of several of the sixteen towns included in the district attended the meetings; the general programs of the Associated Boards, special programs of the individual communities, and a general outline of the history of the Associated Boards of Health were discussed.

On June 13, 1956, a special meeting was held at the Lawrence Experiment Station where the Council had an opportunity to inspect various aspects of the work done by the Department on the chemical and bacteriological analyses of water, various tests on sewage and industrial wastes, air pollution, radioactivity and other matters.

The Committee on Environmental Sanitation, composed of Dr. Jakmauh, Chairman, Mr. Mutter, and the Commissioner, has met regularly during the year prior to the regular Council meetings to study matters of sanitary significance and prepare recommendations on them for presentation to the full meeting of the Council.

James H. Kirkwood, M.D., Chairman

Herewith is submitted the annual report of the Public Health Council for the fiscal year ending 1955.

Introduction

Regular Council meetings were held in accordance with Chapter 17, Section 2, of the Public Health Act, 1934, which was transferred from the Department of Public Welfare to the Department of Public Health by Chapter 500 of the Acts of 1954, providing hospital care and education for the mentally ill. On the day of the Council meeting there were 151 children in the hospital, a total of 1,000 patients and 1,000 staff. As this was the Council's first visit to the hospital since it was placed under the jurisdiction of the Department, considerable time was spent in viewing the patients' living quarters, the hospital operating room, laboratories, shop for making braces and plates, the educational and vocational training facilities, and the hospital pharmacy.

The regular Council meeting was held in the hospital with the public health officials of various parts of the State to consult with local health officials or view public health installations of various kinds.

Special meetings were held this year. Some of these were: a meeting to hold public hearings relative to various hospitals and one meeting was to hear an appeal of a milk dealer from a city's refusal to issue a license to sell milk.

On September 28, 1955, at the invitation of Dr. Kenneth J. MacLeod, Director, Nashville Associated Boards of Health, the Council met at the home of Mrs. and Mr. MacLeod in Nashville and discussed the twenty-five year anniversary of the establishment of several of the boards. The general program of the associated boards, special programs of the individual communities, and a general outline of the history of the Associated Boards of Health were discussed.

On June 13, 1950, a special meeting was held at the University of Tennessee where the Council and its representatives discussed various aspects of the work done by the Department on the chemical and biological control of insects, various forms of cancer and industrial wastes, air pollution, radioactivity, and other subjects.

The Committee on Environmental Sanitation, composed of Dr. J. H. MacLeod, Dr. J. H. MacLeod, and Dr. J. H. MacLeod, met prior to the regular Council meetings to study matters of sanitary significance and prepare recommendations on them for presentation to the full meeting of the Council.

General Duties

The regular duties imposed upon the Council by General Laws, Chapter 111, Section 3, and other statutes have been carried out. These include the approval and licensing of hospitals, hospital blood banks, convalescent and nursing homes, boarding homes for the aged, public medical institutions, city and town infirmaries, dispensaries, and dental clinics which comply with the Department's minimum standards for licensure; the certification of laboratories which have taken part in the annual evaluations carried on by the Department's Institute of Laboratories and have demonstrated their ability to perform satisfactorily the tests listed; approval of professional personnel in the Department and at State and county sanatoria; approval of contracts between Medical Milk Commissions and dairies for the production and sale of certified milk; approval of food regulations of local communities which submit them for approval under General Laws, Chapter 94, Section 146; advice to cities and towns and official agencies on sanitary problems of water supply, sewage disposal, nuisances and offensive trades, and prevention of pollution of inland and tidal waters; and approval of out-of-state shellfish authorities which have been approved by their respective state shellfish authorities and certified by the Public Health Service.

Contracts were approved and signed on behalf of the Commonwealth for the care of tuberculosis patients from Hampden County from the City of Springfield at State sanatoria. Contracts between Nantucket and Barnstable Counties, between Dukes and Barnstable Counties, and between the County of Worcester and the City of Worcester, for the care of tuberculosis patients, were also approved.

An agreement between the Commonwealth and the Geological Survey, United States Department of the Interior, for the investigation of water resources and stream gaging work was approved and signed.

With reference to the construction of a sewage treatment plant at Southbridge to replace the works destroyed by the August 1955 flood, a contract between the Commonwealth and R. Zoppo Company, of Norwood, for that portion of the work which the Department can undertake, was approved.

Special Activities

A standard policy for the admission of children to the Massachusetts Hospital School and to Lakeville State Sanatorium, based upon the expected length of hospitalization, the patient's intelligence quotient, and the need for educational and vocational training and being made flexible enough to permit the transfer of patients from one institution to the other, was adopted on July 12, 1955.

Under authority of General Laws, Chapter 111, the rates for the various services rendered patients in the Department's seven institutions were revised, to take effect July 1, 1956.

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Considerable attention was given during the year to the problem of the importation of foreign shellfish, and on February 14, 1956 it was voted to continue the policy of restriction which has been in effect since November, 1952 with the understanding that if a foreign country wishes to ship shellfish for sale in the Commonwealth that country should maintain the standards, inspections and certifications as to the source and method of handling the shellfish as shall be approved by the Public Health Service which, from a practical point of view, at the present time, is the only logical agency in a position to make examinations of the standards and administrative machinery in the country of origin.

Under a revised policy relative to the examination of police stations, jails, houses of correction, etc. adopted on February 14, 1956 annual inspections will be made of such institutions which have regularly been found defective in cleanliness, lighting, heating, etc. and institutions serving prisoners three meals a day, biennial inspections will be made of institutions that have had certain defects which have been called to the attention of the person in authority, and institutions found to be excellent sanitary condition at all times will be inspected only every three years.

In response to complaints existing at one of the larger dumps in the State, after several inspections by representatives of the Division of Sanitary Engineering the Department at its meeting on June 12, 1956 made specific recommendations to the local health department relative to the proper maintenance of this dump.

The Council kept in close touch with the problems of polio vaccine inoculations throughout the year by considering promptly the decisions made by the State Advisory Committee for the Allocation of Polio Vaccine, one member of the Council also being a member of this Committee.

Upon the recommendation of the Commissioner and the Director of Local Health Services, the Council on February 14, 1956, approved the consolidation of the Southeastern District and the South Metropolitan District into one health district to be known as the Southeastern District, with headquarters at Lakeville State Sanatorium, and the consolidation of Worcester Central District and the Fitchburg Central District into a district to be known as the Central District, with headquarters at Rutland State Sanatorium. On May 8, 1956, the boundaries of the Central and Western Health Districts were changed to conform to those of Civil Defense Areas 3 and 4.

On April 10, 1956, acting under authority of General Laws, Chapter 17, Section 4, the Council approved the consolidation of the Division of Tuberculosis Control and the Division of Sanatoria into one Division to be designated as the Division of Sanatoria and Tuberculosis.

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Public Hearings

On December 15, 1955, December 20, 1955, January 5, 1956, and June 13, 1956 the Council held public hearings relative to certain hospitals which failed to comply with the Department's standards for licensure.

On January 17, 1956, a hearing was held by the Council in response to an appeal from a milk dealer from the decisions of a city to issue a license to sell milk.

Under authority of Chapter 152 of the Acts of 1946 the Director of the Division of Sanitary Engineering was delegated to conduct public hearings on the acquisition of lands for the protection of public water supplies of North Andover, West Springfield, Canton and Marshfield, and relative to land takings for sewage disposal purposes or approval of plans for sewage disposal at Norwood, Ipswich, Hingham, Randolph, Charlton and North Andover; the Director of the Division of Food and Drugs was delegated to hold four public hearings relative to rules and regulations for standards and definition of purity and quality of foods; and the Director of Hospitals was authorized to hold a public hearing on revised regulations relative to the use of blood or other tissues for purposes of transfusion.

Regulations

At a meeting on October 17, 1955, the Department's Rules and Regulations relative to Cancer Clinics and Service Unit Values were amended, under General Laws, Chapter 111, Section 57A.

The Regulations for Physical Examination of School Children were amended on February 14, 1956, under authority of General Laws, Chapter 71, Section 57, as amended by Chapter 684 of the Acts of 1955, by the addition of regulation pertaining to the examination of children's feet.

On May 10, 1956 Rules and Regulations, Standards and Definitions of Purity and Quality of Food were adopted under authority of General Laws, Chapter 94, Sections 65Q, 188, 189, 192 and 193. Rules and regulations relative to pasteurization and various milk and egg products were adopted on June 12, 1956 under the provisions of General Laws, Chapter 94, Sections 19, 48A, 48C, and 192.

On June 12, 1956, revised Rules and Regulations relative to the Use of Blood or Other Tissues for Purposes of Transfusion were adopted, under General Laws, Chapter 111, Section 72.

In accordance with the provisions of Chapter 576 of the Acts of 1951, which requires that a hearing be held relative to rules and regulations which contain a penalty clause or are made under a statute containing a penalty clause, wherever applicable such public hearings were held prior to the adoption of the regulations.

On January 11, 1950, a meeting was held at the home of Mrs. J. L. Smith, 1111 North 1st Street, St. Paul, Minnesota. The purpose of the meeting was to discuss the proposed amendments to the constitution of the Minnesota State Bar Association.

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On January 13, 1950, a meeting was held at the home of Mrs. J. L. Smith, 1111 North 1st Street, St. Paul, Minnesota. The purpose of the meeting was to discuss the proposed amendments to the constitution of the Minnesota State Bar Association. The meeting was attended by a large number of members of the association and the amendments were discussed in detail. The amendments were then voted on and were adopted by a large majority.

Resolutions

At a meeting on January 14, 1950, the following resolutions were adopted: 1. That the association support the proposed amendments to the constitution of the Minnesota State Bar Association. 2. That the association urge the members of the association to vote in favor of the proposed amendments.

The following resolutions were adopted at a meeting on January 15, 1950: 1. That the association support the proposed amendments to the constitution of the Minnesota State Bar Association. 2. That the association urge the members of the association to vote in favor of the proposed amendments.

On January 16, 1950, the following resolutions were adopted: 1. That the association support the proposed amendments to the constitution of the Minnesota State Bar Association. 2. That the association urge the members of the association to vote in favor of the proposed amendments.

On January 17, 1950, the following resolutions were adopted: 1. That the association support the proposed amendments to the constitution of the Minnesota State Bar Association. 2. That the association urge the members of the association to vote in favor of the proposed amendments.

In conclusion, the proposed amendments to the constitution of the Minnesota State Bar Association were adopted by a large majority at a meeting on January 18, 1950. The amendments were then voted on and were adopted by a large majority.

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Rules and Regulations relative to the Labeling of Receptacles containing Benzol (Benzene), Carbon Tetrachloride and Other Harmful Substances were approved by the Department of Public Health on June 12, 1956, under the provisions of Chapter 469 of the Acts of 1955, after approval and adoption by the Department of Labor and Industries.

Certain additions to rules and regulations formulated by the State Examiners of Plumbers were approved by the Public Health Council on May 8, 1956.

At the request of the Board of Registration of Barbers, a change in the regulations of that Board was approved by the Council on October 18, 1955, under authority of General Laws, Chapter 112, Section 87K.

Hospital Survey and Construction

During the fiscal year approval was given to applications from the following hospitals for financial assistance from Federal funds allotted to the Commonwealth by the Surgeon General under the Federal Hospital and Medical Facilities Survey and Construction Act, each of these projects having been given prior approval by the State Advisory Council for the Administration of this Act:

Morton Hospital, Taunton, for a new two-story addition to the present facility to provide for 69 beds, and emergency, x-ray, and operating rooms;

Lawrence General Hospital, Lawrence, for an addition to provide emergency services, out-patient department, laboratories, 21 pediatric beds and 20 medical and surgical beds;

Salem Hospital, Salem, for a new three-story addition to provide a new central sterilizing room, new operating suite with recovery room, and 29 beds for medical and surgical patients;

Sturdy Memorial Hospital, Attleboro, for a four-story addition to provide 39 beds for medical and surgical patients, and various facilities;

Beverly Hospital, Beverly, for additional facilities to provide x-ray, radiology and dental departments and out-patient facilities;

Boston Dispensary, Boston, for a six-story addition to provide 50 beds and related facilities for rehabilitation purposes;

Peter Bent Brigham Hospital, Boston, for a three-story addition to provide facilities for the study of chronic diseases;

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Judge Baker Guidance Center, Boston, for a new two-story building to provide diagnostic and treatment services, and facilities for in-patient care, to children from twelve to seventeen in need of psychiatric care;

Harrington Memorial Hospital, Southbridge, for a four-story addition to present facility to provide 39 additional general beds and x-ray, maternity, operating room and pediatric facilities;

Waltham Hospital, Waltham, for additions and alterations to present facility to provide 32 additional beds, new operating, maternity and other facilities, and an expanded x-ray department;

Providence Hospital, Holyoke, for a new six-story building with a total of 220 beds, with complete medical, surgical, pediatric and maternity facilities, which will replace the present facility of 167 beds;

St. Margaret's Hospital, Boston for equipment for an extension to the "East Pavilion" which after completion will have a total of 141 beds and will be completely fireproof.

The Annual Revision of the Massachusetts State Plan for the Administration of the Hospital and Medical Facilities Survey and Construction Act was approved by the Public Health Council on December 8, 1955.

Civil Defense

During the year the Council considered programs for Civil Defense as prepared by the Chairman, particularly an over-all plan for the emergency functioning of the Department in any disaster affecting the State. On January 10, 1956 a request from the State Director of Civil Defense for permission to renovate for Civil Defense purposes a building located on property of North Reading State Sanatorium was presented. While the members of the Council felt that no quasi military installations should be located at medical institutions, in view of the fact that a separate driveway will be maintained and the station will be operated in such a way as not to interfere with or disturb the patients at the Sanatorium, this request was granted.

Personnel

In May, 1956, Professor Gordon M. Fair, Professor of Sanitary Engineering at Harvard University, was appointed by Governor Herter a member of the Public Health Council in place of Mr. Paul F. Flaherty whose term had expired.

At the June 12, 1956 meeting the Council voted that recognition be given to the service rendered by Mr. Flaherty while a member of the Council from May, 1950 to May, 1956; and subsequently the following resolutions were adopted:

RESOLUTIONS

WHEREAS, the term of office of Paul F. Flaherty, who served the Commonwealth of Massachusetts as a member of the Public Health Council of the Department of Public Health since 1950, has expired, and

WHEREAS, the Department is indebted to him for his faithful attendance at meetings and for his keen interest and cooperation in matters under consideration during his six years of service, and

WHEREAS, it is the feeling of his fellow associates on the Public Health Council that recognition be given to his faithful and conscientious service to the Commonwealth, and

WHEREAS, the Public Health Council at its meeting on June 12, 1956, voted to express to Mr. Flaherty in writing the deep appreciation of its members for what he has done for the Council, and extend their good wishes for his success in the future;

THEREFORE, be it resolved

That these resolutions be spread upon the records of the meeting of the Department of Public Health of July 10, 1956, and that a copy be forwarded to Mr. Flaherty.

On June 30, 1956, the membership of the Public Health Council was as follows:

Samuel B. Kirkwood, M.D., Chairman

William H. Griffin, D.M.D., 1945-57	Conrad Wesselhoeft, M.D., 1953-60
Charles F. Wilinsky, M.D., 1946-58	Paul J. Jakmauh, M.D., 1949-61
Raymond L. Mutter, 1947-59	Gordon M. Fair, B.S., 1956-62

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1940-1941, 1942-1943, 1944-1945, 1946-1947, 1948-1949, 1950-1951, 1952-1953, 1954-1955, 1956-1957, 1958-1959, 1960-1961, 1962-1963, 1964-1965, 1966-1967, 1968-1969, 1970-1971, 1972-1973, 1974-1975, 1976-1977, 1978-1979, 1980-1981, 1982-1983, 1984-1985, 1986-1987, 1988-1989, 1990-1991, 1992-1993, 1994-1995, 1996-1997, 1998-1999, 2000-2001, 2002-2003, 2004-2005, 2006-2007, 2008-2009, 2010-2011, 2012-2013, 2014-2015, 2016-2017, 2018-2019, 2020-2021, 2022-2023, 2024-2025, 2026-2027, 2028-2029, 2030-2031, 2032-2033, 2034-2035, 2036-2037, 2038-2039, 2040-2041, 2042-2043, 2044-2045, 2046-2047, 2048-2049, 2050-2051, 2052-2053, 2054-2055, 2056-2057, 2058-2059, 2060-2061, 2062-2063, 2064-2065, 2066-2067, 2068-2069, 2070-2071, 2072-2073, 2074-2075, 2076-2077, 2078-2079, 2080-2081, 2082-2083, 2084-2085, 2086-2087, 2088-2089, 2090-2091, 2092-2093, 2094-2095, 2096-2097, 2098-2099, 2100-2101, 2102-2103, 2104-2105, 2106-2107, 2108-2109, 2110-2111, 2112-2113, 2114-2115, 2116-2117, 2118-2119, 2120-2121, 2122-2123, 2124-2125, 2126-2127, 2128-2129, 2130-2131, 2132-2133, 2134-2135, 2136-2137, 2138-2139, 2140-2141, 2142-2143, 2144-2145, 2146-2147, 2148-2149, 2150-2151, 2152-2153, 2154-2155, 2156-2157, 2158-2159, 2160-2161, 2162-2163, 2164-2165, 2166-2167, 2168-2169, 2170-2171, 2172-2173, 2174-2175, 2176-2177, 2178-2179, 2180-2181, 2182-2183, 2184-2185, 2186-2187, 2188-2189, 2190-2191, 2192-2193, 2194-2195, 2196-2197, 2198-2199, 2200-2201, 2202-2203, 2204-2205, 2206-2207, 2208-2209, 2210-2211, 2212-2213, 2214-2215, 2216-2217, 2218-2219, 2220-2221, 2222-2223, 2224-2225, 2226-2227, 2228-2229, 2230-2231, 2232-2233, 2234-2235, 2236-2237, 2238-2239, 2240-2241, 2242-2243, 2244-2245, 2246-2247, 2248-2249, 2250-2251, 2252-2253, 2254-2255, 2256-2257, 2258-2259, 2260-2261, 2262-2263, 2264-2265, 2266-2267, 2268-2269, 2270-2271, 2272-2273, 2274-2275, 2276-2277, 2278-2279, 2280-2281, 2282-2283, 2284-2285, 2286-2287, 2288-2289, 2290-2291, 2292-2293, 2294-2295, 2296-2297, 2298-2299, 2300-2301, 2302-2303, 2304-2305, 2306-2307, 2308-2309, 2310-2311, 2312-2313, 2314-2315, 2316-2317, 2318-2319, 2320-2321, 2322-2323, 2324-2325, 2326-2327, 2328-2329, 2330-2331, 2332-2333, 2334-2335, 2336-2337, 2338-2339, 2340-2341, 2342-2343, 2344-2345, 2346-2347, 2348-2349, 2350-2351, 2352-2353, 2354-2355, 2356-2357, 2358-2359, 2360-2361, 2362-2363, 2364-2365, 2366-2367, 2368-2369, 2370-2371, 2372-2373, 2374-2375, 2376-2377, 2378-2379, 2380-2381, 2382-2383, 2384-2385, 2386-2387, 2388-2389, 2390-2391, 2392-2393, 2394-2395, 2396-2397, 2398-2399, 2400-2401, 2402-2403, 2404-2405, 2406-2407, 2408-2409, 2410-2411, 2412-2413, 2414-2415, 2416-2417, 2418-2419, 2420-2421, 2422-2423, 2424-2425, 2426-2427, 2428-2429, 2430-2431, 2432-2433, 2434-2435, 2436-2437, 2438-2439, 2440-2441, 2442-2443, 2444-2445, 2446-2447, 2448-2449, 2450-2451, 2452-2453, 2454-2455, 2456-2457, 2458-2459, 2460-2461, 2462-2463, 2464-2465, 2466-2467, 2468-2469, 2470-2471, 2472-2473, 2474-2475, 2476-2477, 2478-2479, 2480-2481, 2482-2483, 2484-2485, 2486-2487, 2488-2489, 2490-2491, 2492-2493, 2494-2495, 2496-2497, 2498-2499, 2500-2501, 2502-2503, 2504-2505, 2506-2507, 2508-2509, 2510-2511, 2512-2513, 2514-2515, 2516-2517, 2518-2519, 2520-2521, 2522-2523, 2524-2525, 2526-2527, 2528-2529, 2530-2531, 2532-2533, 2534-2535, 2536-2537, 2538-2539, 2540-2541, 2542-2543, 2544-2545, 2546-2547, 2548-2549, 2550-2551, 2552-2553, 2554-2555, 2556-2557, 2558-2559, 2560-2561, 2562-2563, 2564-2565, 2566-2567, 2568-2569, 2570-2571, 2572-2573, 2574-2575, 2576-2577, 2578-2579, 2580-2581, 2582-2583, 2584-2585, 2586-2587, 2588-2589, 2590-2591, 2592-2593, 2594-2595, 2596-2597, 2598-2599, 2600-2601, 2602-2603, 2604-2605, 2606-2607, 2608-2609, 2610-2611, 2612-2613, 2614-2615, 2616-2617, 2618-2619, 2620-2621, 2622-2623, 2624-2625, 2626-2627, 2628-2629, 2630-2631, 2632-2633, 2634-2635, 2636-2637, 2638-2639, 2640-2641, 2642-2643, 2644-2645, 2646-2647, 2648-2649, 2650-2651, 2652-2653, 2654-2655, 2656-2657, 2658-2659, 2660-2661, 2662-2663, 2664-2665, 2666-2667, 2668-2669, 2670-2671, 2672-2673, 2674-2675, 2676-2677, 2678-2679, 2680-2681, 2682-2683, 26

Acceptance of report

At a meeting of the Department on November 20 1956, the Commissioner presented to the Council a report of the Department of Public Health for the fiscal year 1956, and it was voted that this report, together with the foregoing brief summary of the activities of the Public Health Council, be approved and adopted as the report of the Department of Public Health for the fiscal year 1956.

At a meeting of the Department on November 20, 1956, the
Committee presented to the Board a report on the activities of the
Public Health for the fiscal year 1956, and it was voted that the
report, together with the foregoing brief summary of the activities
of the Public Health Service, be adopted as the report
of the Department of Public Health for the fiscal year 1956.

FORTY-SECOND ANNUAL REPORT OF THE COMMISSIONER OF PUBLIC HEALTH

To the Public Health Council:

Gentlemen:

I have the honor to submit the forty-second annual report of the Department of Public Health, for the fiscal year ending June 30, 1956.

BUREAU OF ADMINISTRATION

Staff Conferences. Regular staff conferences were held by the Commissioner with his Bureau Chiefs every Monday morning. On the first Monday of each month all Division Directors were included in these conferences, and on the first Monday of each quarter the meetings also include Division Directors, Section Heads, District Health Officers and Institution Superintendents.

Manual of Health Laws. This year the Department undertook a complete revision of the Manual of Laws relating to Public Health. The work was done cooperatively by the Legal Section and the Division of Health Information, and the revised volume should be available for use in the fall of 1956.

Pakistan. The Commissioner spent the month of October, 1955, in Pakistan, the trip being made at the request of the International Cooperation Administration in Washington, and Governor Herter, to inspect the Health and Sanitation Section of the United States Operations Mission in Pakistan. This program has been expanded in the nearly three years it has been in effect, and consideration must be given to continued aid which apparently will require a larger number of United States personnel placed as technical advisers at all levels of operation in Pakistan, and the training of Pakistan personnel at all levels for actual operation. This program must proceed slowly and be kept alligned to the ability of Pakistan to accept it. While there the Commissioner discussed specific problems of health and sanitation, nursing, rural health, medical education, and equipment with the various personnel assigned to Pakistan.

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I have the honor to submit the forty-second annual report of the Department of Public Health, for the fiscal year ending June 30, 1956.

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10

Poliomyelitis. The first half of fiscal year 1956 witnessed an outbreak of 3,950 cases of poliomyelitis in Massachusetts. This outbreak involved primarily the area east of Worcester, although a considerable number of cases occurred in the western part of the State. It is ironic that this outbreak should occur in the last year before polio vaccine became widely available. A special study carried on with funds from the National Foundation for Infantile Paralysis produced evidence that the vaccine was about 60 per cent effective against paralytic poliomyelitis due to Type 1 virus. Upon the recommendation of the State Polio Vaccine Advisory Committee, no vaccine was administered during the period of the epidemic. There was a relative increase in the number of cases under five years of age, which was in part due to the fact that practically no children in this age group had received polio vaccine.

Special thanks and recognition must be extended to the members of the State Advisory Polio Vaccine Committee, composed of pediatricians, orthopedists, druggists, local health officers and others directly concerned with the problem of poliomyelitis control. These men periodically throughout the year devoted long hours, usually after busy days in their own fields and on Saturdays and Sundays, to deliberation of plans for the equitable distribution and administration of the supply of Salk vaccine, to advising the Department on the desirability of stopping the use of vaccine during the epidemic, and finally to the safety of reopening and broadening the immunization program.

By the end of the second quarter of the fiscal year the problems of the acute phase of the epidemic diminished somewhat and were replaced by problems connected with the furnishing of long-term after-care to patients. Minimum standards for the treatment of the disease and long-term after-care were established by the Department and distributed to physicians, hospitals and public health authorities throughout the State.

In the second half of the fiscal year the program of administering polio vaccine to children under 15 years of age and to pregnant women was under way. Members of the Department staff assisted the local boards of health in their individual problems. Due to the slow release of vaccine, the first round to those eligible was not completed until almost the end of the fiscal year; only a few communities were able to obtain vaccine for second doses before the schools closed for the summer.

During the period the personnel and facilities of the entire Department, but notably those of the Division of Communicable Disease, the District Health Officers, the Division of Tuberculosis and its institutions, were made available to the entire State. A polio respirator unit was opened at the Lemuel Shattuck Hospital for patients requiring long-term care. In addition to their routine work, at one time Lakeville State Sanatorium had over 70 poliomyelitis cases in the hospital and the Massachusetts Hospital School had 25.

Poliovirus. The first half of fiscal year 1956 witnessed an outbreak of 3,950 cases of poliovirus in Massachusetts. This outbreak involved primarily the area east of Worcester, although a considerable number of cases occurred in the western part of the State. It is ironic that this outbreak should occur in the last year before polio vaccine became widely available. A special study carried on with funds from the National Foundation for Infantile Paralysis produced evidence that the vaccine was about 60 per cent effective against paralytic poliovirus due to Type I virus. Upon the recommendation of the State Polio Vaccine Advisory Committee, no vaccine was administered during the period of the epidemic. There was a relative increase in the number of cases under five years of age, which was in part due to the fact that practically no children in this age group had received polio vaccine.

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Recommendations for 1957 Legislation

The following is the legislation to be submitted to the General Court by the Department for the next fiscal year:

1. AN ACT AUTHORIZING THE DEPARTMENT OF PUBLIC HEALTH TO ESTABLISH A SANITARY CODE.

This bill is recommended to fill the great need for integrated legislation in this field. It will eliminate the massive confusion respecting statutory law, rules and regulations and policy.

2. AN ACT REQUIRING APPROVAL FROM THE DEPARTMENT OF PUBLIC HEALTH BEFORE THE COMMISSIONER OF CORPORATIONS AND TAXATION ISSUES A CHARTER OF INCORPORATION FOR ANY CORPORATE PURPOSE WHICH REQUIRES A LICENSE FROM THE DEPARTMENT OF PUBLIC HEALTH.

This legislation is proposed to coordinate the actions of the Department of Public Health and the Commissioner of Corporations in the specialized instances where a corporation will require a license from the Department of Public Health.

3. AN ACT RELATIVE TO THE KEEPING OF RECORDS BY HOSPITALS, DISPENSARIES OR CLINICS, SANATORIA, CONVALESCENT OR NURSING HOMES, INFIRMARIES MAINTAINED IN TOWNS AND BOARDING HOMES FOR THE AGED.

This legislation is needed to protect the public who are treated or boarded at these licensed institutions. It corrects an omission in section 70 of chapter lll of the General Laws which was noted by the last Legislature.

4. AN ACT RELATIVE TO RECORDING AND MAKING A REPORT OF BIRTHS.

Under the present law, a vital statistic is not required, namely the weight of the child at birth, because of the invalid and statistically inaccurate notion that it would reveal conception before marriage in some instances. Public health specialists consider weight as an important factor in their compilations.

5. AN ACT RELATIVE TO THE FACTS TO BE RECORDED BY CITY AND TOWN CLERKS RELATIVE TO THE DEFINITION OF A LIVE BIRTH.

This legislation is proposed to define what a "live birth" is. The present statute has no definition.

6. AN ACT RELATIVE TO THE TREATMENT OF CHRONIC DISEASES AT LAKEVILLE STATE SANATORIUM.

This legislation is proposed to permit patients with chronic diseases to be admitted to the Lakeville state sanatorium.

7. AN ACT RELATIVE TO ADMISSIONS, AND SO FORTH, AT LEMUEL SHATTUCK HOSPITAL, PONDVILLE HOSPITAL AND WESTFIELD STATE SANATORIUM.

The Department of Public Health offers this legislation so that its institutions will have conformity in the policy of admissions.

Recommendations for 1957 Legislation

The following is the legislation to be submitted to the General Court by the Department for the next fiscal year:

1. AN ACT AUTHORIZING THE DEPARTMENT OF PUBLIC HEALTH TO ESTABLISH A SANITARY CODE.

This bill is recommended to fill the great need for integrated legislation in this field. It will eliminate the massive confusion respecting statutory law, rules and regulations and policy.

2. AN ACT REQUIRING APPROVAL FROM THE DEPARTMENT OF PUBLIC HEALTH BEFORE THE COMMISSIONER OF CORPORATIONS AND TAXATION ISSUES A CHARTER OF INCORPORATION FOR ANY CORPORATE PURPOSE WHICH REQUIRES A LICENSE FROM THE DEPARTMENT OF PUBLIC HEALTH.

This legislation is proposed to coordinate the actions of the Department of Public Health and the Commissioner of Corporations in the specialized instances where a corporation will require a license from the Department of Public Health.

3. AN ACT RELATIVE TO THE REVIEW OF RECORDS BY HOSPITALS, DISPENSARIES OF CLINICS, SANATORIA, CONValesCENT OR NURSING HOMES, INSANITARY INSTITUTIONS IN TOWNS AND BOARDING HOMES FOR THE Aged.

This legislation is needed to protect the public who are treated or boarded at these licensed institutions. It corrects an omission in section 70 of chapter 111 of the General Laws which was noted by the last legislature.

4. AN ACT RELATIVE TO RECORDING AND MAKING A REPORT OF BIRTHS.

Under the present law, a vital statistic is not required, namely the weight of the child at birth, because of the invalid and statistically inaccurate notion that it would reveal conception before marriage in some instances. Public health specialists consider weight as an important factor in their computations.

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The Department of Public Health offers this legislation so that its institutions will have conformity in the policy of admissions.

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8. AN ACT PROVIDING FOR THE ADMISSION OF PERSONS WITH A CHRONIC DISEASE TO COUNTY TUBERCULOSIS HOSPITALS UNDER CERTAIN CIRCUMSTANCES.

This legislation is needed because of the diminishing numbers of patients admitted into county tuberculosis hospitals and the increasing numbers of hospital beds needed for the treatment of chronic diseases.

9. AN ACT AUTHORIZING ADMISSIONS TO COUNTY TUBERCULOSIS HOSPITALS OF PERSONS AFFLICTED WITH CHRONIC DISEASE AND CONCERNING CHARGES THEREOF.

This legislation is needed because of the diminishing numbers of patients admitted into county tuberculosis hospitals and the increasing numbers of hospital beds needed for the treatment of chronic diseases. This amendment would extend the statute respecting charges for admissions of tubercular patients and make it applicable to the admission of chronic disease patients.

10. AN ACT RESPECTING EMERGENCY ADMISSIONS TO COUNTY TUBERCULOSIS HOSPITALS FOR PERSONS AFFLICTED WITH PULMONARY TUBERCULOSIS OR A CHRONIC DISEASE.

This legislation is needed because of the diminishing numbers of patients admitted into county tuberculosis hospitals and the increasing numbers of hospital beds needed for the treatment of chronic diseases. This amendment would extend the statute respecting charges for admissions of tubercular patients and make it applicable to the admissions of chronic disease patients. This covers emergency admissions.

11. AN ACT RELATIVE TO ADMISSIONS TO RUTLAND STATE SANATORIUM AND WESTFIELD STATE SANATORIUM.

This legislation would eliminate the requirement of six months's residence for admissions to these hospitals. The availability of beds and the vital need for hospitalization far outweighs any requirement of residence which would be advantageous to the commonwealth.

12. AN ACT RELATING TO CHARGES FOR SUPPORT AT STATE SANATORIA.

This legislation is proposed to eliminate the complex book-keeping involved in the collection on unsettled cases, and particularly because the Department's experience has been that it is largely ineffectual in its efforts to get payments in these cases.

8. AN ACT RELATING TO THE LOCATION OF TUBERCULOSIS HOSPITALS WITH A SPECIAL REFERENCE TO COUNTY TUBERCULOSIS HOSPITALS UNDER CERTAIN CIRCUMSTANCES.

This legislation is needed because of the declining numbers of patients admitted into county tuberculosis hospitals and the increasing numbers of hospital beds needed for the treatment of chronic diseases.

9. AN ACT RELATING TO TUBERCULOSIS HOSPITALS WITH SPECIAL REFERENCE TO CHARGES THEREON.

This legislation is needed because of the declining numbers of patients admitted into county tuberculosis hospitals and the increasing numbers of hospital beds needed for the treatment of chronic diseases. This amendment would extend the statute respecting charges for admissions of tubercular patients and make it applicable to the admission of chronic disease patients.

10. AN ACT RELATING TO TUBERCULOSIS HOSPITALS WITH SPECIAL REFERENCE TO CHARGES THEREON FOR PERSONS AFFECTED WITH TUBERCULOSIS OR A CHRONIC DISEASE.

This legislation is needed because of the declining numbers of patients admitted into county tuberculosis hospitals and the increasing numbers of hospital beds needed for the treatment of chronic diseases. This amendment would extend the statute respecting charges for admissions of tubercular patients and make it applicable to the admissions of chronic disease patients. This covers emergency admissions.

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1956 Legislation

The following legislation of particular interest to public health passed by the 1955 and 1956 Legislatures, was signed by Governor Herter and enacted into law:

Acts of 1955 (July 1 - September 16)

Chapter

- 559 - An act relative to hospital care for tuberculosis patients. This legislation permits cities and towns of more than 100,000 population to contract for the hospital care of tuberculosis patients.
- 585 - An act relative to the notice of admission of cancer patients in Pondville Hospital or on the Cancer Division of Westfield State Sanatorium, and payments for the care of said patients. Under this act the method of notice of admission of cancer patients is revised so that in instances of persons unable to pay notice to the local welfare and veterans departments will follow a prescribed form.
- 591 - An act relative to the Council for the Aging. This act creates this Council, of which the Commissioner of Public Health is one member.
- 610 - An act relative to the illegal possession of harmful drugs and the reporting of harmful drug intoxication to the Department of Public Health. Penalties for the illegal possession of harmful drugs and for failure to report intoxication therefrom are provided in this act.
- 684 - An act to authorize the examination of the feet of school children by chiropodists. Under this legislation either school physicians or chiropodists may examine the feet under regulations established by the Department.
- 688 - An act establishing a Board of Registration of Dispensing Opticians.
- 718 - An act providing that certain drugs shall be deemed harmful, and making a criminal offence the forging of a prescription for such drugs.
- 737 - An act authorizing the Department of Public Health to acquire assistance in combating poliomyelitis. This act permitted the Department to hire on a temporary basis such physiotherapists, nurses and other personnel as may be deemed necessary to give proper treatment and care to patients during the current epidemic.
- 753 - An act providing for the care of premature babies by boards of public health. By this legislation, effective December 9, 1955, the weight limit in the law providing for the care of premature infants by boards of health was raised from four and one-half to five pounds.

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- 757 - An act relating to milk standards, licensing and containers. This legislation defines "half and half" as a blend of milk and cream containing not less than 10 per cent butter fat; prescribes the legal standard for skimmed milk and for non-fat milk; defines various milk drinks; forbids the blending of milk and cream except in establishments licensed for the pasteurization of milk; and authorizes the Department of Public Health to establish sanitary standards and the Milk Regulation Board to establish labeling requirements for the above-named products.
- 759 - An act relative to schools for the training of medical laboratory technologists. This act establishes an approving authority for schools teaching medical technology.

Acts of 1956 (January 1 - June 30)

Chapter

- 65 - An act relative to the furnishing of poliomyelitis vaccine by the Commonwealth. Under this act poliomyelitis vaccine is furnished to local boards of health and institutions for the vaccination and re-vaccination of children from one to nineteen years of age and pregnant women.
- 70 - An act providing for temporary licenses in the case of transfers of ownership of hospitals, sanatoria, convalescent or nursing homes, infirmaries or boarding homes for the aged. The application of the new owner for license will have the effect of a license for three months.
- 139 - An act eliminating the requirement that the Department of Public Health hold a public hearing prior to approval of plans for the construction of a sewerage system in certain cases. This legislation was introduced by the Department because of the existence of special acts, many of them dating back into the late 1800's, which require a public hearing in such cases. Chapter 139 removes this requirement. However, the Department still is required to hold a public hearing prior to the taking of land for sewage disposal purposes.
- 203 - An act relative to the keeping of hospital records. This act requires the keeping of records of the treatment of cases and medical histories.
- 231 - An act authorizing the appointment as special police officers of employees of the Department of Public Health and employees of the various institutions under the jurisdiction of the Department. This permits the appointment, without pay, by the Commissioner of Public Safety of any employees designated by the Commissioner of Public Health as special police officers.
- 288 - An act authorizing the Department of Public Health immediately to designate shellfish areas as contaminated in the event of emergencies. Previously the Department did not have the right to close shellfish areas without making an examination, collecting samples, posting the area and publishing in the newspaper. Under Chapter 288, in the case of emergencies, such as a sewer cave-in,

power failure at a sewage pumping station or treatment plant, the discharge of sewage from emergency outlets, etc. which result in pollution of shellfish, the Department has the power to immediately close any such contaminated area.

- 299 - An act relative to the sale of harmful drugs. This act prescribes the information that must be included on the label of a container by a druggist when dispensing a harmful drug.
- 318 - An act authorizing the Department of Public Health to convey Clear Pond to the town of Lakeville. Clear Pond will be retained as an emergency source of water supply for Lakeville State Sanatorium under regulations established to prevent the pollution of the pond during periods of emergency use; otherwise the pond and land around it are to be maintained as a public park.
- 341 - An act establishing the Norfolk County Mosquito Control Project.
- 344 - An act defining Chiropody (Podiatry).
- 345 - An act authorizing the Department of Public Health to take and hold trust funds for its own use or for the use of any hospital under its charge.
- 371 - An act permitting examinations of certain persons for licenses as practical nurses. This act should result in an increased number of licensed practical nurses in the Commonwealth since it provides for the licensure of graduates of schools for attendant nurses prior to August 1, 1944 who did not become licensed under previous waiver provision, and also for undergraduate nurse students who have completed fifteen months practical nurse training.
- 428 - An act to further regulate the physical examination of school children. This act empowers the Department to approve persons with the proper qualifications as vision testers.
- 436 - An act relative to the supervision of the Massachusetts Hospital School. Chapter 508 of the Acts of 1954 authorized the transfer of the Massachusetts Hospital School at Canton from the Department of Public Welfare to the Department of Public Health. Chapter 436 was introduced this year to clarify the working of certain sections pertaining to the transfer.
- 439 - An act providing for an examination of the medical records of certain hospitals. This legislation will enable the Department to improve its supervision of medical records and staff qualifications in hospitals licensed by it.
- 497 - An act authorizing the Department of Public Health to make contracts for the operation of concessions in Lemuel Shattuck Hospital. Statutory authority is required for State institutions to make contracts with private persons to operate concessions in institutions; previously there was no statute to permit the Lemuel Shattuck Hospital to do this.

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...the ...
...in the case of a ...

497 - An act providing for the ...
...by a ...

498 - An act authorizing the Department of Public Health to convey ...
...Clear Pond ...

499 - An act establishing the Norfolk County Mosquito Control ...

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506 - An act ...
...Shattuck ...

Resolves of 1956

- 24 - Resolve providing for an investigation and study by the Legislative Research Council relative to providing that persons having advanced cases of tuberculosis be confined in a hospital.
- 27 - Resolve further reviving and continuing the special commission established to investigate and study the feasibility of establishing a Southeastern Massachusetts Water District, and increasing the scope of such commission.
- 59 - Resolve reviving and continuing the special commission established to study and investigate the need for administration and regulation of health and welfare trust funds in the Commonwealth.
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As the 1956 Legislature was still in session on June 30, 1956, it is anticipated that additional laws involving public health or conferring new responsibilities on the Department, and resolves providing for special investigations will be enacted early in the 1957 fiscal year.

24 - Resolve providing for an investigation and study by the Legislative Research Council relative to providing that persons having advanced cases of tuberculosis be confined in a hospital.

25 - Resolve further reviving and continuing the special commission established to investigate and study the feasibility of establishing a Southeastern Massachusetts Water District, and increasing the scope of said commission.

26 - Resolve reviving and continuing the special commission established to study and investigate the need for administration and regulation of health and welfare trust funds in the Commonwealth.

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Regulations

The following rules and regulations have been promulgated by the Department and are still in effect:

Distribution of biologic products

Adopted 4/9/35; amended 5/14/40; 1/11/49; 12/15/53

Sale of surplus biologic products

Adopted 4/12/49; 12/15/53.

Use of blood or other tissues for purposes of transfusion

Adopted 1/10/39; amended 4/10/39; 10/7/41; 11/4/41; 9/14/48; 3/11/52; 6/12/56.

Cancer clinics and service unit values

Adopted 8/10/26; amended 6/14/27; 3/13/28; 1/5/35; 9/14/43; 10/5/43; 11/11/43; 12/14/43; 4/11/44; 1/14/47; 10/18/55.

List of diseases dangerous to public health

Adopted 1907; amended 12/15/14; 12/14/15; 2/16/17; 4/3/17; 12/18/17; 10/29/18; 11/18/20; 12/8/21; 9/18/28; 6/11/35; 12/10/35; 11/10/36; 2/14/39; 5/1/41; 5/12/42; 4/14/43; 10/5/43; 12/14/43; 1/11/44; 11/3/48.

Diseases declared to be dangerous to the public health and reportable

Adopted 1907; amended 12/15/14; 12/14/15; 2/16/17; 4/3/17; 12/18/17; 10/29/18; 11/18/20; 12/8/21; 9/18/28; 6/11/35; 12/10/35; 11/10/36; 2/14/39; 5/1/41; 5/12/42; 4/14/43; 10/5/43; 12/14/43; 1/11/44; 11/3/48.

Isolation and quarantine requirements of diseases declared to be dangerous to public health

Adopted 8/9/38; amended 5/13/41; 1/11/44; 11/3/48; 8/12/52.

Transportation of bodies dead of diseases dangerous to public health

Adopted 7/12/38; amended 8/9/38; 2/14/39.

Funerals of persons dead of any disease dangerous to public health

Adopted 8/9/38; amended 5/13/41; 1/11/44.

Cremation

Adopted 12/5/07; amended 10/29/18.

Treatment of persons exposed to rabies

Adopted 8/10/37; amended 5/13/41.

Approval of bacteriological and serological laboratories

Adopted 9/12/39; amended 1946.

Use of a common drinking cup

Adopted 3/22/16

Use and concerning the providing of a common towel
Adopted 12/16/15; amended 3/22/16.

Approval of lodging houses
Adopted 7/6/05.

Barbering and barber shops
Approved 12/6/49.

Cross connections between public water supplies and fire and industrial water supplies
Adopted 2/9/37; amended 5/12/42; 10/9/51.

To prevent pollution or contamination of any or all of the lakes, ponds, streams, tidal waters and flats within the Commonwealth or of the tributaries of such tidal waters and flats
Adopted 8/14/45; amended 10/14/45.

Supervision of plumbing
Adopted 6/11/35; amended 8/6/40; 1/10/50; 5/8/56.

Minimum standards of fitness for dwellings
Adopted 12/6/49; 3/8/55.

Operation of plants for the purification of shellfish
Adopted 6/5/28; amended 10/7/41.

Enrichment of flour, white bread and rolls
Adopted 11/3/48.

Establishing grades of milk
Adopted 5/8/35; amended 11/17/48; 6/12/56.

Egg Nog
Adopted 6/12/56

Flavored milk
Adopted 6/12/56

Sale of rabbits intended for food purposes
Adopted 5/14/29.

Governing the business of cold storage, made under the provisions of General Laws, Chapter 94, Section 67.
Adopted 10/10/33.

Sterilization of feathers, down and secondhand material intended for use in the manufacture of articles of bedding and upholstered furniture
Adopted 11/12/35.

Making of each article of bedding and upholstered furniture
Adopted 12/10/30; amended 11/12/35.

Manufacture and bottling of carbonated non-alcoholic beverages, soda water, mineral and spring water
Adopted 11/12/35; amended 4/36.

Uncarbonated fruit beverages
Adopted 5/8/56

and the Commission on the part of the Council
Adopted 11/10/35; amended 11/10/35.

Approval of Local Authorities
Adopted 7/6/35.

Approval of Local Authorities
Adopted 12/6/35.

Cross connections between public water supplies and fire and industrial
water supplies.
Adopted 5/10/35; amended 5/10/35.

To prevent pollution or contamination of any or all of the lakes, ponds,
streams, tidal waters and other waters under the jurisdiction of the
Department of Health and the Department of the Environment.
Adopted 5/10/35; amended 5/10/35.

Supervision of the
Adopted 11/10/35; amended 11/10/35.

Minimum standards of fitness for swimming
Adopted 11/10/35; amended 11/10/35.

Operation of public swimming pools and the supervision of swimming
Adopted 11/10/35; amended 11/10/35.

Enforcement of laws, rules and regulations
Adopted 11/10/35.

Enforcement of laws, rules and regulations
Adopted 5/8/35; amended 11/10/35; 5/10/35.

Adopted 5/10/35.

Adopted 5/10/35.

Adopted 5/10/35.

Adopted 5/10/35.

Adopted 5/10/35.

Adopted 5/10/35.

Adopted 11/10/35.

Adopted 11/10/35.

- Business of slaughtering and meat inspection
Adopted 7/9/31; amended 12/10/35; 9/14/43.
- Poultry slaughterhouses
Adopted 9/14/43; amended 8/6/46.
- Approval of contracts for the production and distribution of certified milk
Adopted 10/14/36.
- Frozen desserts and ice cream mix
Adopted 9/11/34; 5/8/56
- Bakeries and bakery products
Adopted 2/14/33; amended 1/10/50.
- Definition of "pasteurized milk"
Adopted 7/8/41; amended 11/4/41; 6/15/50.
- Establishments for pasteurization of milk
Adopted 2/12/35; amended 6/15/50; 10/20/53; 6/12/56.
- Standards and definitions of purity and quality of food
Adopted 2/9/37; amended 5/8/56.
- Pork products intended to be eaten without cooking
Approved 2/12/24.
- Dietetic foods
Adopted 5/12/53
- Licensing of Hospitals and Sanatoria
Adopted 4/14/42; amended 2/9/43; 12/14/43; 3/14/50.
- Licensing of boarding homes for the aged
Adopted 11/3/48.
- Licensing of convalescent and boarding homes
Adopted 11/3/48.
- Dispensary License
Adopted 1/12/19; amended 5/13/19; 5/10/38.
- Dental clinic license
Adopted 8/10/43.
- General Rules for Police Station Houses, Lock-ups, Houses of Detention, Jails, Houses of Correction, Prisons, and Reformatories
Adopted 1910; amended 4/8/30; 6/15/48.
- To establish standards for tuberculosis hospitals and sanatoria
Adopted 6/14/27; amended 6/5/28; 8/12/32; 1/17/39; 5/10/38; 10/21/48.
- Obtaining state subsidy
Adopted 5/11/20; amended 6/5/28; 2/14/33; 3/13/34.
- Minimum requirements for tuberculosis dispensaries as defined by the Department of Public Health
Adopted 4/6/15; amended 7/11/16; 11/7/19/ 7/14/25; 4/11/33.

Business of slaughterhouses and meat canneries
Adopted 11/11/20; amended 8/14/20.

Poultry slaughterhouses
Adopted 11/11/20; amended 8/14/20.

Approval of contracts for the production and distribution of certified

Adopted 10/14/36.

Frozen desserts and ice cream
Adopted 8/14/20; amended 8/14/20.

Sanitation and safety standards
Adopted 8/14/20; amended 8/14/20.

Definition of "certified" label
Adopted 8/14/20; amended 8/14/20.

Regulations for the production of milk
Adopted 8/14/20; amended 8/14/20.

Standards and definitions of purity and quality of food
Adopted 8/14/20; amended 8/14/20.

Food products intended to be eaten without cooking
Adopted 8/14/20; amended 8/14/20.

Alcoholic drinks
Adopted 8/14/20; amended 8/14/20.

Licensing of hospitals and sanatoriums
Adopted 8/14/20; amended 8/14/20.

Licensing of boarding houses for the aged
Adopted 11/11/20.

Licensing of restaurants and boarding houses
Adopted 11/3/26.

Dispensary license
Adopted 1/12/19; amended 5/13/19; 5/10/38.

Dental clinic license
Adopted 8/14/20.

General rules for Police Station Houses, Lock-ups, Houses of Detention,
Jails, Houses of Correction, Asylums and Reformatories
Adopted 1910; amended 4/11/11.

Sanitation standards for tuberculosis hospitals and sanatoriums
Adopted 6/14/27; amended 6/25/28; 8/12/32; 1/12/39; 5/10/38; 10/21/48.

Containing state sanatoria
Adopted 5/11/20; amended 8/14/20; 10/21/48.

Minimum requirements for tuberculosis dispensaries as outlined in the
Department of Public Health
Adopted 8/14/27; amended 7/11/10; 11/11/19; 5/10/38.

Minimum requirements for uniform dispensary record system

Adopted 7/14/25.

Governing the hospitalization of patients with chronic rheumatism

Adopted 5/8/45.

Reporting and control of venereal diseases

Adopted 12/18/17; amended 5/12/18; 6/11/18; 3/11/19; 11/12/23;
10/1/25; 10/8/29; 1/14/30; 1/14/36; 8/9/38; 4/11/44; 11/3/48.

Treatment of persons suffering from venereal diseases who are unable to pay for private medical care

Adopted 2/14/33; amended 8/10/37; 8/9/38; 9/12/39; 11/6/40; 4/13/48;
11/3/48.

Issuance of premarital medical certificates

Adopted 4/11/50.

Approved prophylactic remedy for use in the eyes of infants at birth

Adopted 5/12/36.

Physical examination of school children

Adopted 3/11/52; amended 8/25/53; 3/9/54; 2/14/56.

Labeling of receptacles containing Benzol (Benzene), Carbon Tetrachloride, and other harmful substances (approved jointly with Department of Labor and Industries

Adopted 6/12/56.

Regulations promulgated by Director of Marine Fisheries

Approved for sanitary requirements 4/13/42.

Medical Panels

Under authority of General Laws, Chapter 32, Section 6, which authorizes the Commissioner of Public Health to appoint chairmen of medical panels to review applications from and examine state and municipal employees applying for disability retirements, the Department processed a total of 762 new applications in the fiscal year 1956. This figure is a decrease from 1955. However, because of the inability or refusal of one or more panel members to serve, 74 of these applications had to be processed twice, 12 were processed three times, 2 were processed four times, and one had to be processed five times before the panel could be completed, adding considerably to the work involved in the selection of chairmen for these medical panels. The chairman, insofar as is possible, must be a physician skilled in the particular branch of medicine or surgery involved in the case. The other two members of the panel are selected by the applicant and by the local retiring authority.

In addition to medical panels for applicants for disability retirement, General Laws, Chapter 32, Section 89, authorizes the Department upon application by the widow of a fireman or policeman for an annuity, to designate the third member of a board to determine whether or not the death of said fireman or policeman was the result of an injury received in the performance of his duty. Such requests average from 40 to 50 per year.

Rating Board

As Chairman of the Rating Board, created by General Laws, Chapter 32, Section 6, the Commissioner presided at hearings and interviewed 5 applicants from the uniformed branch of the State Police applying for retirement because of illness or injury received in the line of duty. After examination of the applicants and a review of their records, all of them were recommended by the Board for disability retirement.

Building and Boiler Inspectors of the Department of Public Safety and State Police Detective Lieutenants upon reaching the age of 55 or completing twenty years of service must have an annual physical examination to determine their fitness to continue working to the compulsory retirement age of 65. In this group 8 were examined and were found by the Rating Board to be physically fit to continue for another year.

Approving Authority

The Approving Authority for Medical Schools, consisting of the Secretary of the Board of Registration in Medicine, the Commissioner of Public Health, an osteopathic member of the Board of Registration, and a layman, has held several hearings to determine the medical schools whose graduates are eligible for registration to practice medicine in Massachusetts. During the year the following schools were approved: University of Zurich, Switzerland; University of Basle, Switzerland; American University of Beirut; University of Copenhagen; and Chicago College of Osteopathy.

Under authority of General Laws, Chapter 32, Section 6, which authorizes the Commissioner of Public Health to appoint chairman of medical panels to review applications from and examine state and municipal employees applying for disability retirements, the Department processed a total of 702 new applications in the fiscal year 1956. This figure is a decrease from 1955. However, because of the inability or refusal of one or more panel members to serve, 74 of these applications had to be processed twice, 12 were processed three times, 2 were processed four times, and one had to be processed five times before the panel could be completed, adding considerably to the work involved in the selection of chairman for these medical panels. The chairman, insofar as is possible, must be a physician skilled in the particular branch of medicine or surgery involved in the case. The other two members of the panel are selected by the applicant and by the local retiring authority.

In addition to medical panels for applicants for disability retirement, General Laws, Chapter 32, Section 89, authorizes the Department upon application by the widow of a fireman or policeman for an annuity, to designate the third member of a board to determine whether or not the death of said fireman or policeman was the result of an injury received in the performance of his duty. Such requests average from 40 to 50 per year.

Rating Board

As Chairman of the Rating Board, created by General Laws, Chapter 32, Section 6, the Commissioner presided at hearings and interviewed 5 applicants from the uniformed branch of the State Police applying for retirement because of illness or injury received in the line of duty. After examination of the applicants and a review of their records, all of them were recommended by the Board for disability retirement.

Building and Boiler Inspectors of the Department of Public Safety and State Police Detective Lieutenants upon reaching the age of 55 or completing twenty years of service must have an annual physical examination to determine their fitness to continue working to the compulsory retirement age of 65. In this group 8 were examined and were found by the Rating Board to be physically fit to continue for another year.

Approving Authority

The Approving Authority for Medical Schools, consisting of the Secretary of the Board of Registration in Medicine, the Commissioner of Public Health, an osteopathic member of the Board of Registration, and a layman, has held several hearings to determine the medical schools whose graduates are eligible for registration to practice medicine in Massachusetts. During the year the following schools were approved: University of Zurich, Switzerland; University of Basel, Switzerland; American University of Beirut; University of Copenhagen; and Chicago College of Osteopathy.

Personnel Section

This Section has been engaged in the preparation and processing of the forms and correspondence related to the requisitioning, appointing, promotion, transfer, leaves of absence, reinstatement, termination of services, etc. of the Department's more than 2500 employees.

Seniority lists have been submitted to the Division of Civil Service in accordance with Sections 15C and D of Chapter 31 of the General Laws, and the divisions, sections and institutions of the Department have been advised in regard to employees' seniority and Civil Service rights. Vacation and sick leave allowances have been computed and recorded for all departmental employees in accordance with the rules and regulations of the Commission on Administration and Finance. Sick leave certifications have been furnished to employees for purposes of income tax deduction under the Federal Internal Revenue Code.

This Section has continued to cooperate with the Division of Civil Service in the scheduling of examinations and the preparation of posters concerning them. In this Department the range of duties under the same position title is so varied in the different divisions and institutions, which care for different types of illness, that many examinations have been necessary for the same position title. However, an attempt is being made to coordinate the entrance requirements and set examinations up in sections as regards duties, so that one examination may take the place of the several that it has been necessary to hold in the past.

The addition of the Lemuel Shattuck Hospital and the Massachusetts Hospital School to the institutions of the Department within the past two or three years, together with the expansion of existing programs and the inauguration of several new programs, including those for Technical Cooperation Administration, Foreign Service, Medical Facilities Survey and Planning, etc. have increased to a considerable degree the volume and scope of the work of the Personnel Section.

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Division of Training and Research

Although this Division has not been able to develop a full program this year because of staff shortages, the office has participated with other disciplines in a departmental training program. Efforts are being made to develop a closer working relationship among all training programs within the Department and it is hoped that eventually a field teaching center may become a reality.

Three second year medical social work students were recipients of fellowships granted to the Department by the U. S. Children's Bureau, and were given field work assignments in three health districts. A special educational and training program was planned for an experienced medical social work practitioner from the Territorial Health Department of Hawaii to combine advanced study at Simmons College School of Social Work with casework in the Department's Social Work section. The medical social faculties in the three Schools of Social Work in Boston have been most cooperative in interesting students in the public health program.

Plans were initiated for the development of psychiatric consultation to be made available without charge to staff members in the district health offices through the local area Mental Health Centers of the Division of Mental Hygiene. Plans were undertaken in the three districts where medical social work students were placed and there was already an expressed need for such service. It seemed important to develop these plans slowly and it was the second half of the fiscal year before use could be made of psychiatric consultation.

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Division of Health Information

The publication "Commonhealth" was printed 11 times during the year, the July and August 1955 issues being combined into one. The October and November issues were devoted to papers presented at the 1955 Amherst Health Conference. Other issues of the "Commonhealth" were devoted to Sanitariums, Nutrition, North Reading State Sanatorium, Venereal Disease Control, Lawrence Experiment Station, Alcoholism, School Health, Health Officers and Medical Social Training.

"This Week in Public Health" appeared weekly. Some of the articles featured in this pamphlet were Rocky Mountain Spotted Fever, Leprosy, Athlete's Foot, Brucellosis, Animal Diseases Transmissible to Man, Streptococcal Infections, Poliomyelitis, Polio Vaccine, and the Common Cold.

Forty-nine news releases were prepared to inform the public on current matters concerning health.

In the Department's Library, 631 new journals were catalogued and circulated throughout the Department. 1,573 bulletins were filed, including weekly, monthly, bimonthly and yearly reports from cities and towns in Massachusetts, from other states, and from local and national medical societies. The annual reports of 311 cities and towns in Massachusetts are on file in the Library.

During the year 645 sound and 373 silent films were loaned to hospitals, colleges, high and grammar schools, physicians, nurses' associations and local health departments. The following photographs and prints were made:

- 416 black and white photos
- 245 color transparencies
- 7 black and white transparencies
- 700 black and white prints
- 126 contact prints.

The cooperative New Bedford Accident Prevention Project is an excellent example of community organization. The features of this project include playground safety, bicycle safety, baby sitter's course, out-patient clinic at one of the hospitals, accident log kept by some 300 families, professional education, police department activities, and public education. This project demonstrates the value of community organization in health, it will be of immense value to the field of health education, and should serve as an incentive to other cities and towns. The full time of one of the Department's trained health educators is assigned to this project.

Division of Health Information

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FISCAL SECTIONBUDGET 1955-1956DEPARTMENT - MAINTENANCE

<u>Fiscal Year</u>	<u>Total Budget</u>	<u>Per Capita</u>	<u>Total State</u>	<u>Per Capita</u>	<u>Total Federal</u>	<u>Per Capita</u>
1956	\$6,532,477.29	\$1.35	\$3,978,132.78	\$.82	\$2,554,344.51	\$.53

INSTITUTIONS - MAINTENANCE

<u>Fiscal Year</u>	<u>State Funds</u>	<u>Per Capita</u>
1956	\$9,171,036.21	\$1.89

GRAND TOTAL - DEPARTMENT AND INSTITUTIONS

<u>Fiscal Year</u>	<u>Total Budget</u>	<u>Per Capita</u>	<u>Total State</u>	<u>Per Capita</u>	<u>Total Federal</u>	<u>Per Capita</u>
1956	\$15,703,513.50	\$3.24	\$13,149,168.99	\$2.71	\$2,554,344.51	\$.53

DEPARTMENT EXPENDITURES - 1955-56

	<u>TOTAL</u>	<u>STATE</u>	<u>FEDERAL & PRIVATE</u>
Commissioner's Salary	\$14,000.00	\$14,000.00	
Administration	314,115.29	159,903.10	154,212.19
Training and Research	392,074.37		392,074.37
Environmental Sanitation	645,828.78	559,934.43	85,894.35
Special Projects	59,001.90	59,001.90	
Preventive Disease Control	953,565.63	874,891.47	78,674.16
National Foundation Infantile Paralysis Trust Fund	38,223.95	38,223.95	
Polio Vaccine Program	39,949.41	39,949.41	(930,468.80)*
Polio Research Grant	8,888.81		8,888.81
Polio Planning Program	25,695.58		25,695.58
Health Services	716,546.24	373,878.90	342,667.34
Hospital Facilities	105,378.55	91,773.28	13,605.27
Tuberculosis Control	194,779.23	136,397.60	58,381.63
Reimbursement to Cities & Towns for T. B. Patients	397,149.94	397,149.94	
Institute of Laboratories	578,763.26	562,177.28	16,585.98
Construction	29,605.04	29,605.04	
Grants-In-Aid	25,888.45		25,888.45
TOTALS	\$4,539,454.43	\$3,336,886.30	\$1,202,568.13

* \$930,468.80 expended for purchase of Vaccine shipped to Massachusetts from United States Public Health Service Grant. Purchases made by Public Health Service from amount appropriated to Massachusetts but not allotted to

<u>1957-58</u>	<u>1958-59</u>	<u>1959-60</u>
25.11	25.11.58, 25.11.59	25.11

net amount	debt amount	net amount	debt amount	net amount	debt amount	debt amount
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Year	1970	1971	1972	1973	1974	1975	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040	2041	2042	2043	2044	2045	2046	2047	2048	2049	2050	2051	2052	2053	2054	2055	2056	2057	2058	2059	2060	2061	2062	2063	2064	2065	2066	2067	2068	2069	2070	2071	2072	2073	2074	2075	2076	2077	2078	2079	2080	2081	2082	2083	2084	2085	2086	2087	2088	2089	2090	2091	2092	2093	2094	2095	2096	2097	2098	2099	2100
1970	1971	1972	1973	1974	1975	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040	2041	2042	2043	2044	2045	2046	2047	2048	2049	2050	2051	2052	2053	2054	2055	2056	2057	2058	2059	2060	2061	2062	2063	2064	2065	2066	2067	2068	2069	2070	2071	2072	2073	2074	2075	2076	2077	2078	2079	2080	2081	2082	2083	2084	2085	2086	2087	2088	2089	2090	2091	2092	2093	2094	2095	2096	2097	2098	2099	2100	

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BUREAU OF LOCAL HEALTH SERVICES

Division of Local Health Services

In accordance with the Department's plan of reorganization, three district health offices were moved from private quarters to two State institutions. Consequently, this fiscal year was a transitional period. On September 1, 1955 the Northeastern District Office was moved from Wakefield to available space at North Reading State Sanatorium. The original North Central District and South Central District were combined into one Central District and moved from Fitchburg and Worcester to new headquarters at Rutland State Sanatorium.

The personnel of the Division and of the district offices worked diligently with local health personnel during the unusual incidence of poliomyelitis this year. Every possible assistance was rendered to communities in planning and organizing local polio vaccine clinics through close liaison with physicians, boards of health, nurses and school authorities. The Division established a clearance report system of the facilities, resources and needs of all hospitals outside of Boston accepting poliomyelitis patients. A daily census of information was compiled at the district level and telephoned into the central clearance office. Summary clearance reports were transmitted daily to key individuals in the Department and to representatives of the Massachusetts Medical Society, Regional Red Cross, National Foundation for Infantile Paralysis, and the nursing and physical therapy associations. Plans were implemented for procuring and recruiting of nurses, physical therapists, respirators and hot packs machines.

Members of the staffs of the Division and of the Districts were given specific assignments in civil defense and oriented to their responsibilities and functions. In the flood disaster situation in the late summer of 1955, the central office coordinated the work of the districts in providing emergency assistance to local communities and official agencies.

Emphasis has been placed by the district office personnel upon the importance of each community maintaining up-to-date tuberculosis case registers to obtain more effective control of this disease.

Many local boards have been found to be adopting new local health regulations or extending and revising existing ones. The need of trained and qualified health personnel is being recognized by officials of the smaller communities, many of whom are contracting for these services on a joint basis.

Figure 1. The effect of the concentration of the *Agrobacterium* strain on the transformation efficiency of *Agrobacterium* strain 101. The concentration of the *Agrobacterium* strain 101 was varied from 10⁵ to 10⁸ cells/ml. The transformation efficiency was determined by the number of transformants per 10⁵ cells of the *Agrobacterium* strain 101. The data are the mean \pm SD of three independent experiments.

Nursing Section

A three-day Maternity Nursing Institute was held for hospital and public health nurses at the Boston Lying-In Hospital. Two one-day meetings, one in Holyoke and one at the Lemuel Shattuck Hospital, were held jointly by the Massachusetts League for Nursing and the Department's Nursing Section, for board members of visiting nurse services.

With the assistance of the Public Health Service a survey was started of the nursing services at Westfield and Rutland State Sanatoria to determine the necessary steps to prepare for affiliations for nursing students in the diploma schools of nursing.

Conferences to discuss problems in relation to public health nursing were held in Ipswich, Middleton, Carlisle, Martha's Vineyard, Dalton, Pittsfield, Concord and Manchester.

Representatives of the Nursing Section attended a committee meeting to assist Boston University to determine if and how the curriculum might be adjusted for better education of nurses in school health programs, and a meeting of the Massachusetts League for Nursing to study nursing resources throughout the State.

Nutrition Section

This year particular attention was paid to improving nutrition education in both the basic courses and the in-service training of professional groups, such as teachers, nurses, dietitians and nutritionists. Comparable efforts were spent on teaching school lunch personnel and directors responsible for feeding in day care centers, nursery schools, children's homes, and nursing and boarding homes, how to plan, prepare and serve nourishing meals.

At the invitation of the Department, the dietitians from the hospitals under the Department of Mental Health met with those from the Department of Public Health's institutions for a discussion of therapeutic diets.

Members of the Nutrition Section cooperated with other groups in the first New England Conference on Human Nutrition and will follow through on the findings reported and the recommendations made.

The need for evaluation of the Department's nutrition services was recognized and a specialist was invited to help explore ways and means of carrying this out; it was decided to try to evaluate certain methods used in giving service to children's institutions; further details will be worked out early in the next fiscal year.

A leaflet "When You Eat Out" was prepared for diabetic patients and other persons on special diets who encounter difficulties in eating at restaurants. This leaflet was prepared with the cooperation of the Massachusetts Restaurant Association and the Massachusetts Dietetic Association and was first put in use at the Diabetes Fair.

The first of the series of lectures was given by the author of the book, Mr. J. H. P. [Name], who is a well-known authority on the subject. The lecture was held in the [Location] and was attended by a large number of students and members of the public.

The second lecture was given by Mr. [Name], who is also a well-known authority on the subject. The lecture was held in the [Location] and was attended by a large number of students and members of the public.

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1912-1913

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Social Work Section

The major activities of this Section have been related to the Department programs which provide health and medical care services to the citizens of the Commonwealth, principally Maternal and Child Health, Crippled Children, Tuberculosis and Chronic Diseases. This service includes assistance in program planning, direct casework services in hospitals and clinics, and consultation and cooperation with community agencies. The health problems range from prematurity to old age, and requests for assistance have come from physicians, private individuals, social and health agencies. For the most part, services rendered have been on a consultation basis, with the exception of the Crippled Children's Program where many direct services are still provided.

The comprehensive nature of public health services, which touch upon so many areas of human need, necessitates continuous relationship with many other State and private agencies. This year, as in the past, our social workers have worked cooperatively with welfare, education and mental health agencies to prevent duplication and gaps in service. Efforts have been made to stimulate local interest in expanded social service programs, particularly in rural areas.

At the request of the Public Health Service, the Social Work Section organized a special pilot study on the social consequences of heart disease. This is the Department's first attempt to collect data through a research study regarding the impact of heart disease on patients' personal, family and community adjustment and on their economic situation. The material has been collected and some preliminary evaluation done. The material is now in the hands of the Public Health Service for more definitive analysis.

Our staff has provided consultation service to the Pre-natal Metabolic Project being carried on at Boston City and Boston Lying-In Hospitals.

Educational activities have been carried out through the Medical Social Training Project which provided opportunities for field training, orientation and observation for social work students, and for visitors from other states and countries. Attempts have been made to recruit personnel for public health work from students at the schools of social work in Boston.

Division of Maternal and Child Health Services

Under the program for the care of premature infants, 54 families received financial assistance from the Department for hospital care of their premature infants, in accordance with regulations concerning the responsibility of boards of health and hospitals relative to payment for hospital care of such infants. The weight limit of premature infants was raised from four and one-half to five pounds by Chapter 753 of the Acts of 1955.

There are now eight nursery schools for hard of hearing pre-school children, located in Pittsfield, Lowell, Watertown, Waltham, Quincy, Boston, Salem and Taunton. During the year 67 hearing aids were purchased for hard of hearing children.

In the field of school health, training courses were held at Salem, Springfield and Boston University for administrators, supervisors and teachers. An administrative Manual on School Health is being prepared in cooperation with members of the School Health Council, and will be available in the fall of 1956.

During the fiscal year 3859 children received care from the Crippled Children's Program. 17,028 days of hospital care were provided these children; 7,353 physical therapy treatments were given by the district physiotherapists; speech therapy was given to 387 children. The poliomyelitis outbreak greatly increased the number of children recorded on the Crippled Children Register. There was a corresponding increase in the number of children reported in need of home teaching approximately 2,037 received such instruction. There were 606 infants reported as having congenital malformations at birth.

...for the ...
...from the ...
...premature infants, in accordance with ...
...by Chapter 753 of the ...
...located in Pittsburgh, ...
...children.
...be available ...
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Civil Defense

The most significant activity of the Civil Defense Medical Service was the adaption of medical planning to the reorganization of the Massachusetts Civil Defense Agency. This included the development of a plan of organization and responsibilities for medical services at State, area, sector and local level, and the assignment of Department of Public Health personnel and volunteers to each of these levels. Local communities have also been urged to recruit their own staffs.

The policy of evacuation of large metropolitan areas to shelter was adopted by the Massachusetts Civil Defense Agency, and a plan of internal organization of a hospital for evacuation was developed and made available to each hospital located in a target area.

In cooperation with the Public Health Service a three-day course for forty key public health personnel was conducted at the Lemuel Shattuck Hospital for the purpose of training instructors who would in turn train public health personnel throughout the State in public health aspects of disaster.

Equipment for 9600 first aid kits was purchased during the year and plans were developed for unitizing these supplies and distributing them as part of first aid station equipment. A survey of first aid station training units was undertaken to determine how this equipment was being used.

Seven 200-bed Emergency Hospitals designed for casualty care were purchased and stored at key points within the State. An illuminated exhibit of the Federal Civil Defense Administration 200-bed Emergency Hospital was displayed at the annual meeting of the Massachusetts Medical Society, and at the Eastern States Exposition.

New schools constructed since 1954 were surveyed with a view to adding to the list of potential sites for emergency hospitals.

The Massachusetts Civil Defense Agency cooperated with the Federal Civil Defense Administration in the development of survival studies.

A joint agreement between the Massachusetts Civil Defense Agency and the American National Red Cross related to organization of nursing service at local levels for disaster was prepared and is in the process of being signed by the appropriate authorities.

The most significant activity of the Civil Defense Council service was the adoption of a plan of evacuation of the Massachusetts Civil Defense Agency. This included the evacuation of a plan of evacuation and responsibilities for medical services at state, area, sector and local level, and the evacuation of hospitals and public health personnel and volunteers at local level. Some of these plans have also been used to conduct local drills.

The ability of evacuation of large metropolitan areas to disaster was assessed by the Massachusetts Civil Defense Agency, and a plan of internal organization of a hospital for evacuation was developed and made available to the medical community in a large area.

In cooperation with the Public Health Service a three-day course for forty key public health personnel was conducted at the local level. The purpose of training personnel throughout the state in public health aspects of disaster.

Equipment for 2000 first aid kits was purchased during the year and plans were developed for utilizing these supplies and distributing them as part of first aid station equipment. A survey of first aid station training units was undertaken to determine how this equipment was being used.

Seven 200-bed Emergency Hospitals designed for disaster were constructed and opened at various sites in the state. An illuminated exhibit of the Federal Civil Defense Administration 200-bed Emergency Hospital was displayed at the annual meeting of the Massachusetts Medical Society, and at the Eastern States Exposition.

Two clinics conducted since 1950 were surveyed with a view to adding to the list of potential sites for emergency hospitals.

The Massachusetts Civil Defense Agency cooperated with the Federal Civil Defense Administration in the development of survival studies.

A joint agreement between the Massachusetts Civil Defense Agency and the American National Red Cross related to organization of nursing service at local level for disaster was prepared and is in the process of being signed by the appropriate authorities.

31

BUREAU OF PREVENTIVE DISEASE CONTROL

Division of Cancer and Chronic Diseases

The work of this Division is divided into four component parts: cancer control, heart disease control, control of other chronic diseases, and an incipient geriatrics program. The objective of the Chronic Disease Program in Massachusetts is to minimize disease, disability and death by the application of medical and public health knowledge and techniques. This objective is attained by research, diagnostic and treatment services, case finding, social follow-up and education. A complete chronic disease control program is a blending of administration, service, and epidemiology. Massachusetts allots great weight to epidemiology. Here, the possible relationships of the various sites of cancer to such factors as heredity, habits of living, occupation, and environmental hazards are studied.

At present there are two State and 25 State-aided cancer clinics in Massachusetts. During the year new clinics were opened at the Boston City Hospital, the Massachusetts Memorial Hospitals, the Free Hospital for Women, and the Cambridge City Hospital; the clinics at Quincy City Hospital and at Pittsfield General Hospital were reactivated. The clinics furnish group diagnosis for any individual in the State who is suspected of having a cancerous or precancerous condition; approximately 85 per cent of patients attending clinics are referred by practicing physicians who utilize the diagnostic facilities of the clinic to confirm diagnoses. During this fiscal year the clinics held 1,747 sessions and had 34,779 admissions.

Cancer education of physicians is accomplished largely through teaching clinics. A physician who would find it difficult to travel to Boston can easily arrange to spend a few hours attending a local clinic, where he has an opportunity to see a wide variety of cases and follow the newer trends in diagnosis and treatment.

A tumor diagnostic service is maintained by the Department in conjunction with the Cancer Commission of Harvard University. Any physician or hospital may have suspicious tissue examined pathologically to determine the presence or absence of cancer. There were 12,253 surgical specimens examined during 1955, as contrasted with about one-third of that number in 1945, when 4,032 were examined.

The heart program stresses services to prevent progress of disease processes and cardiac invalidism, education of professional personnel to stimulate early case finding and improved patient care, rehabilitation services for cardiacs, and epidemiological research. Aid is provided by the State to cardiac clinics located in six general hospitals. Three electrocardiographs are on loan at present to clinics in order to stimulate early case finding among potential cardiacs and as a diagnostic aid. During the fiscal year, 607 new patients were seen and 5,058 return visits were made by old patients at the six State-aided cardiac clinics.

Division of Cancer and Chronic Diseases

The work of this Division is divided into four component parts: cancer control, chronic disease control, control of communicable diseases, and an important research program. The objective of the Chronic Disease Program is to reduce the incidence of cancer, disability and death by the application of medical and public health knowledge and techniques. This objective is attained by research, diagnosis and treatment services, case finding, social follow-up and education. A complete chronic disease control program is a blending of administration, service, and epidemiology. Massachusetts is one of the few States in the country where the possible relationships of the various sites of cancer to such factors as heredity, habits of living, occupation, and environmental factors are studied.

It should be noted that the State has 12 State-wide cancer clinics in Massachusetts. During the year 1955, the following were opened at the Boston City Hospital, the Massachusetts General Hospital, the State Hospital for the Deaf, and the Massachusetts State Prison. The clinics are staffed by physicians and nurses. The clinics function under the supervision of the State in the State who is suspected of having a cancerous or precancerous condition; approximately 85 per cent of patients attending clinics are referred by practicing physicians who believe the diagnosis. During this fiscal year the clinics had 1,777 patients and had 1,777 examinations.

Cancer education of physicians is accomplished largely through the State clinics. A physician who would find it difficult to travel to Boston can easily arrange to spend a few hours attending a local clinic, where he can be instructed in diagnosis and treatment of cancer and follow the cancer control program in diagnosis and treatment.

A cancer diagnostic service is maintained by the Department in conjunction with the Cancer Commission at Harvard University. Physicians at hospital and non-hospital clinics are referred to the service to determine the presence or absence of cancer. These were 12, 555 surgical specimens examined during 1955, as contrasted with about one-third of that number in 1954, when 4,000 were examined.

The heart program is carried on through the heart program in disease process and cardiac investigation, including a heart clinic, personnel to stimulate early case finding and improved patient care, rehabilitation services for cardiacs, and epidemiological research. The heart program is carried on through the heart clinic in the general hospitals. Three electrocardiograms are on loan at present to clinics in order to stimulate early case finding among potential cardiacs and as a diagnostic aid. During the fiscal year, 607 new patients were seen and 5,058 return visits were made by old patients at the six State-wide cardiac clinics.

Tentative plans for the geriatric program include the establishment of a teaching clinic for prospective workers in geriatrics, the organization of service geriatric clinics, and research into the origin of the chronic diseases.

Division of Communicable Diseases

During the first half of the fiscal year the Division devoted most of its time to problems connected with the 1955 outbreak of poliomyelitis, and to the special study of the value of polio vaccine financed by the National Foundation for Infantile Paralysis. It was necessary to obtain outside personnel to carry on this investigation but a great deal of the Director's time was devoted to the supervision of the study. A preliminary report of the findings was published in the January issue of the New England Journal of Medicine.

The second half of the fiscal year was devoted to the handling of the program of giving polio vaccine to children under 15 years of age and to pregnant women. Due to the slow release of polio vaccine, the first round was not completed until almost the end of the fiscal year. Only a few communities were able to obtain vaccine for second doses before schools closed.

In regard to other communicable diseases, the total number of cases reported rose considerably due to the fact that measles and chicken pox were unusually high during the year.

There was a recurrence of equine encephalomyelitis in the state for the first time since 1938. Forty-four horses died of the disease and there were four human cases of which one was fatal. Plans were made late in the fiscal year to obtain bloods to determine if subclinical cases of the disease occur in Massachusetts. The Communicable Disease Center is furnishing personnel to aid in obtaining the blood specimens.

For the first time in the history of the state, diphtheria dropped to under 20 cases in a year. It is hoped that this low level can be maintained.

Salmonella infections remained at a high level but typhoid fever dropped to the record low level of 12 cases for the entire year.

Other communicable diseases were comparatively low during the year.

In spite of having to devote most of its time to educational activities connected with the outbreak of poliomyelitis and the polio vaccine program, the Division was able to maintain its program of furnishing current information in regard to communicable disease problems both for "This Week in Public Health" and for pamphlets for distribution.

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Division of Venereal Diseases

Our venereal disease rates continue above the 1950 mark. This year the reported cases of gonorrhea and syphilis have not differed significantly from the previous year, with one notable exception, early latent syphilis, an infectious stage of this disease, showing an absolute increase. While the reported cases of primary and secondary syphilis continued as in the previous year, there was seen a sharp and sustained increase beginning with June and running through the remainder of the year and on to the first six months of 1956. It is felt that the increase in early latent syphilis was a forerunner of this increase in lesion syphilis which is seen in fiscal 1956, but beginning too late in calendar 1955 to be reflected in the calendar year rate.

Our records clearly indicate that organized and commercialized prostitution is not a major factor in our venereal disease problem, since approximately 6 per cent of our patients with these diseases name prostitutes as their contacts. Our biggest source of venereal disease is the pickup. Most of our patients with gonorrhea are single, but most of our patients with syphilis are married. The average age of civilian patients with gonorrhea is 29.0 ± 7.3 whereas the average age of military patients is 23.1 ± 3.8 . While the pickup remains as the biggest source of venereal disease, the places of pick-up are centered primarily around the taverns and restaurants. The home, automobiles and hotels in that descending order of frequency are the places of exposure.

The Division still continues the follow-up of all selectees discovered to have a positive blood test for syphilis or other evidence of venereal disease. These patients may be examined by their private physician or the nearest State cooperating venereal disease clinic. These reports are evaluated and sent to the Induction Board. Similarly, the Division receives reports from the military of men separated from the Armed Forces who need follow-up for these diseases.

Based on its successful experiences of the past three years, the Division Staff is now responsible for the interviewing of military patients in Massachusetts and their contacts. This work is in addition to our contact investigation activities of all contacts of military patients in Massachusetts.

In the State cooperating venereal disease clinics 5,630 patients were examined, and these represented a total of 23,410 clinic visits.

Our plans for extending our reciprocity arrangements, in so far as the premarital examination law is concerned, continues. At the present time, out of the forty States which have such laws, Massachusetts will accept the certificates of thirty-six States. In return, nineteen States have agreed to accept our premarital certificates when properly completed.

In addition to the preventive and control activities, the Division is currently engaged in five applied research studies:

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Our records clearly indicate that prostitution and commercialized prostitution is not a major factor in our venereal disease problem, since approximately a quarter of the patients with these diseases were prostitutes as their contacts. Our biggest source of venereal disease is the pickup. Most of our patients with gonorrhea are single, but most of our patients with syphilis are married. The average age of civilian patients with gonorrhea is 29.0 & 7.1, whereas the average age of military patients is 23.1 & 3.8. While the pickup remains as the biggest source of venereal disease, the places of pick-up are centered primarily around the tavern and restaurant. The taxi, automobile and hotel in that descending order of frequency are the places of contact.

The Division still continues the follow-up of all patients classified as having a positive blood test for syphilis in the evidence of venereal disease. These patients may be examined by their private physician or by a hospital doctor, or by the Division disease clinic. These reports are evaluated and sent to the Division. Similarly, the Division receives reports from the Division of venereal diseases from the State House who need follow-up for these diseases.

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study of the incidence and prevalence of prenatal syphilis at hospitals, how many women develop syphilis during pregnancy, at what month during pregnancy is the prenatal blood test taken for patients delivering at a large hospital, how many women delivering at a large hospital have no prenatal blood test taken, and to what degree anesthesia influences the blood test.

- (2) Serologic Study - This is a program for the follow-up study of all positive blood tests for syphilis obtained at the Wassermann Laboratory and sent to private physicians. The objective of this study is to evaluate the completeness of morbidity reporting by private physicians, and to evaluate the incidence of false positive blood tests for syphilis.
- (3) The Military Interviewing Program - This is a cooperative venture in which the Staff interviews military patients for contacts, and at the same time, trains military corpsmen in the science and art of interviewing.
- (4) The Evaluation of the Treponema Pallidum Immobilization Test.
- (5) The Treponema Pallidum Complement Fixation Test.

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(4) The Evaluation of the Treponema Pallidum Immobilization Test.

(5) The Treponema Pallidum Complement Fixation Test.

Division of Dental Health

In providing direct assistance to local health programs and consultative services to their personnel, the dental profession and its auxiliaries, the staff of the Division of Dental Health worked in 229 Massachusetts communities this year. Staff reports indicate that today in dental public health as much emphasis is being placed on the prevention of oral diseases as on corrective dental procedures.

The annual review of local dental health programs which the Division serves indicates an increase over last year in the use of screening techniques for the early detection of dental defects. Approximately half the school-age population received professional dental screening this year. About 10 per cent were served by public dental clinics for repair of dental defects. Progress in the preventive phases of dentistry has been more encouraging. Several communities voted to fluoridate their public water supplies. At the end of this report period twenty cities and towns were using fluoridation. However, only a small proportion (211,505) of our total population is involved.

Examinations of 14,000 school children in selected areas indicate that about one-half of their corrective dental needs are being met by all resources. This represents an increase of possibly 25 per cent in the five years in the effective dental attention given children. In areas where the fluoridation of public water supplies has been in practice a significant length of time, a marked drop in dental caries prevalence has been observed in the permanent dentitions of the young age groups. This decrease amounts to about a 60 per cent drop in the number of teeth affected by the disease per child.

In the field of training and general health education, certain advances have been made. There has been a 40 per cent increase in use of the Department's functional dental health education media. For the first time the training of dentists in local public health programs has been made possible.

Provisions for an added resource for the correction of disturbances of facial growth and development have been made through agreements with the New England Medical Center's Cleft Palate Institute, the Children's Bureau and this Department.

For the fourth year legislative attempts to prohibit the fluoridation of public water supplies have had to be met. All bills on this subject were referred to the next annual session of the General Court.

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Division of Alcoholism

The objectives of this Division, as authorized by Chapter 800 of the Acts of 1950, are the establishment of such clinic and hospital facilities as are necessary for the proper diagnosis, treatment and rehabilitation of persons addicted to the excessive use of alcoholic beverages, a study of problems related to alcoholism, and the promotion of a preventive and educational program concerned with these problems.

During the 1956 fiscal year, the number of alcoholism clinics was increased from seven to nine by the establishment of clinics in the out-patient departments of the Springfield Municipal Hospital and the Lawrence General Hospital. The seven other clinics are located as follows: Three in Boston, one each at the Massachusetts General Hospital, the Peter Bent Brigham Hospital, and the Washington Hospital; one in Quincy at the Quincy City Hospital; one in New Bedford at St. Luke's Hospital; one in Worcester at St. Vincent's Hospital; and one in Pittsfield at the Pittsfield General Hospital.

These clinics are the basic units of service to the alcoholic; treatment is individualized; the physician in charge of the clinic is responsible for the care of the patient. The patient is helped to adjust his life without alcohol in the community and environment where he lives. This means the acceptance of his affliction as an illness to be cared for in a facility where other common ailments are treated, and removes the stigma formerly attached to alcoholism. The physician and the hospital staff have the advantage of first hand knowledge as to the nature of alcoholism and the newer methods of treatment.

During the fiscal year the clinics admitted a total of 993 cases; of these, 856 or 86.2 per cent were new cases, and 137 or 13.8 per cent were previously discharged cases which were readmitted. Of the cases discharged, 128 or 22 per cent were classed as recovered or arrested; 188 or 32.1 per cent were uncooperative and unresponsive; 255 or 43.6 per cent were closed as lost or self-terminated; and 14 or 2.3 per cent died while under treatment.

Attempts are being made to develop an effective program of education in the prevention of alcoholism. Talks have been given to church and community groups and to teen-agers in high schools with the special reference to adequate personality development and maturity for proper life adjustment without alcohol.

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During the fiscal year the clinics admitted a total of 993 cases; of these, 850 or 85.5 per cent were new cases, and 143 or 13.8 per cent were repeat cases. Of the cases discharged, 128 or 12.8 per cent were classified as recovered or arrested; 188 or 18.8 per cent were uncooperative and unresponsive; 25 or 2.5 per cent were closed as lost or self-terminated; and 652 or 65.2 per cent died while under treatment.

Efforts are being made to develop an effective program of education in the prevention of alcoholism. Talks have been given to church and community groups and to teenagers in high schools with the object of reducing the incidence of alcoholism and maturity for a better life without the stigma of alcoholism.

BUREAU OF HOSPITAL FACILITIES

Division of Hospital Facilities--Licensing Section

During the past year, the importance of the licensing program of the Division of Hospital Facilities has become more and more evident. Gradually the responsibilities and scope of the program have increased as the result of legislative action so that, at the present time, the Division is responsible not only for the licensing of hospitals and sanatoria but also of nursing homes, boarding homes, city and town infirmaries, public medical institutions, college and school infirmaries, institutions for the care of non-committable alcoholics and the approval of blood banks.

Apart from the licensing program of the Division, the only other agency responsible for the supervision of hospitals is the Joint Hospital Commission. Since this is a national agency, with a limited staff, it is obvious that supervision by the latter agency may be considered, at best, only nominal. This means, therefore, that the Division of Hospital Facilities must assume prime responsibility for the supervision of medical-care facilities throughout the State.

In order to adequately carry out our responsibilities, as required by law, it is obvious that the Division is insufficiently staffed. It is not reasonable to expect that it can properly supervise 1300--1400 institutions which come under its jurisdiction by law. Hospital operation is becoming exceedingly complicated. Hospital utilization is increasing. Hospital equipment is becoming more complex. The human element, however, is still the most important single factor in hospital operation and it is in this area that the Division of Hospital Facilities can do the greatest amount of good.

The legal aspect of the work is becoming more complicated. The recent legislation termed the Administrative Practice Act puts an additional burden on the personnel of the Division in such matters as hearings, etc.

As a direct result of the Division's efforts, there has been considerable improvement in the operation of nursing homes and boarding homes. The role of the Division, in the field of geriatrics, is becoming increasingly significant, as better facilities are being provided for the aged and the chronically ill. The Division's effort to improve, by the new licensing program, city and town infirmaries has been extremely worthwhile. Several infirmaries, which were unable to meet the Department's standards, have been closed; several others have shown considerable improvement.

Revision of regulations has been an exceedingly important part of our activities for the past year. New regulations have been devised for nursing homes as well as for boarding homes. With the cooperation of the Blood Bank Committee of the Massachusetts Medical Society, there has been a complete revision of our rules and regulations for blood banks. This effort, of itself, will result inevitably in reducing untoward reactions from blood transfusions.

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Hospital Survey and Construction Section

The hospitals of the Commonwealth continue to show extraordinary interest in the Hill-Burton program. Because of rising costs of construction, hospital boards are meeting with increasing difficulty in obtaining funds for expansion and replacement of outmoded facilities. Because many Massachusetts hospitals were built at the turn of the century many have become outmoded. The need for improvement is very urgent throughout the State. Although over \$16,000,000 in Hill-Burton funds have been utilized in Massachusetts thus far in the program, the need for additional improvement is still great.

This year, 1955-1956, marked the beginning of the application of the Wolverton Amendment funds, Public Law 482. An outstanding achievement in this area is the completion of plans for the construction of a rehabilitation center, as a part of the New England Medical Center. For this project, \$250,000 in Federal funds was allocated. An additional \$100,000 was allocated by the State agencies in Maine and Vermont. This is an outstanding example of cooperation by the New England States in supporting a single rehabilitation project.

The staffing problem within the Hill-Burton section of the Division is still grave. The bulk of the program is being carried out by a relatively small number of persons, taking into consideration the broad scope of this program, which includes such items as preparation of the State plan, and its annual revision, planning within individual hospital service areas, consultation with architects and trustees, supervision of projects under construction and preparation of data for periodic payments.

It has not been possible, because of staffing shortage, to give sufficient attention to the appraisal and evaluation of projects which have been completed under this program. This is an extremely important phase of our activities and will be accomplished only when additional personnel, both professional and clerical, becomes available. Another important accomplishment was a re-examination of patient flow throughout the State. Because of many additions to hospitals a considerable change in the pattern of patient referral was anticipated with greater utilization of local hospitals. Further appraisal of this subject is to be made during the coming year.

Since completion of the survey under the Wolverton program, the Division is now supplied with a complete inventory of medical-care facilities throughout the State. This information will serve as the basis for better planning of medical-care facilities throughout the Commonwealth for many years to come.

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BUREAU OF TUBERCULOSIS AND INSTITUTIONS

Division of Sanatoria and Tuberculosis

Encouraging results are now evident in the efforts which have been made to coordinate and modernize the various tuberculosis control measures throughout the State. The same encouraging progress is noted in coordinating the programs of the seven Departmental hospitals into a more effective Departmental service program.

During 1955, 2,058 cases of tuberculosis were reported. The case rate of 41.0 per 100,000 population represented a drop of 6.6 cases per 100,000 from the year 1954, and is slightly lower than the year 1953. There were 1,864 pulmonary cases, 47 primary, 26 tuberculous or unexplained pleurisy with effusion, 117 non-pulmonary, and 4 of unknown form. Of the pulmonary cases, 283 or 15 per cent were minimal, 716 or 38 per cent were moderately advanced, and 495 or 26 per cent were far advanced; in 370 cases, or 20 per cent, the extent was not given.

As a result of a questionnaire sent to all cities and towns in the State, as of December 31, 1955, 5,105 cases of tuberculosis were known. Of these, 2,638 or 52 per cent were hospitalized while 2,467 or 48 per cent were not hospitalized. As similar data is not available for previous years no trend can be determined.

Heretofore an exact definition of what was a reportable case of tuberculosis was not available in Massachusetts which resulted in considerable confusion, certain non-reportable cases being reported and vice versa. Written instructions have been prepared on this matter and distributed to local boards of health. Certain difficulties are being encountered but the reporting procedures are being clarified and improved.

The Case Register program has been developed and enlarged, and attempts are being made to interest local boards of health in establishing a systematic method of following tuberculosis cases in their communities.

Tuberculosis reporting kits were distributed from this Division to District Health Officers and to local boards of health. The kits contain revised history cards and instructions, reporting instructions, multi-purpose tuberculosis forms, and a revocation of diagnosis card. The use of these kits will simplify the gathering of information on tuberculosis patients, which will be coded and of information on tuberculosis patients, which will be coded and made available for statistical purposes.

In cooperation with the State House Physician and the Massachusetts Tuberculosis and Health League, in January a survey of State employees and members of the Legislature was started. An appointment system for x-rays eliminated loss of working time, reduced waiting periods to a minimum and assured a fairly steady and even flow of examinees. In all, 2,501 x-rays were taken; 92 special findings were recorded; and 68 were referred for further study.

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In cooperation with the State House Physician and the Massachusetts Tuberculosis and Health League, in January a survey of State employees and members of the Legislature was started. An appointment system for x-rays eliminated loss of working time, reduced waiting periods to a minimum and assured a fairly steady and even flow of examinees. In all, 2,501 x-rays were taken; 92 special findings were recorded; and 68 were referred for further study.

During the year the preparation and distribution of "Tuberculosis Facts and Figures for 1954" was completed, with two supplements giving the statistics geographically by cities and towns according to Health Districts and according to tuberculosis associations.

Case finding through chest x-rays of selected groups and tuberculin testing was again carried on. One program was conducted in Cambridge by x-raying patients in nursing, convalescent and boarding homes. That greater efforts must be made to institute proper tuberculosis control measures in penal institutions was indicated by the results of x-rays of inmates of Bridgewater State Farm, Charlestown State Prison, Norfolk Prison Colony and Concord Reformatory; In these institutions out of a total of 13,764 x-rayed, 125 cases of active tuberculosis were found, a rate of 9.1. Industrial surveys by the Division personnel have been reduced to a minimum because employee demands have stimulated industries to establish their own programs.

Tuberculin testing has received much attention. Programs have been conducted in Lowell and Quincy schools.

In connection with the poliomyelitis epidemic, Lakeville State Sanatorium was caring for over 70 such cases at one time, Massachusetts Hospital School had over 25, and Lemuel Shattuck Hospital established a Respirator Center. The Division has been chiefly concerned in attempting to organize an adequate after-care program for patients.

Lakeville State Sanatorium

There were 173 patients at the Lakeville State Sanatorium July 1, 1955 and 196 patients at the close of the year June 30, 1956.

This increase is largely due to the increased number of poliomyelitis cases from the 1955 epidemic. Part of the increase in the patient population is accounted for by the arthritic service which, according to a recent statistical study at the Sanatorium, gave very encouraging results.

No major changes occurred in the services for crippled children or in the treatment of tuberculosis cases. A slight drop in the number of tuberculous patients was recorded mostly due to the decrease in readmissions.

The services for muscular neurological conditions were continued and a number of patients were admitted under the program for the aged mostly in connection with orthopedic conditions.

Beds for cerebral palsy children were fully occupied throughout the year and the demand for beds exceeded bed capacity

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North Reading State Sanatorium

The activities at this Sanatorium during the year 1955-1956 consisted of medical care for 105 admissions. The average daily population was 139 as compared with 143 for the year 1954-1955.

The method of treatment consisted of the use of anti-tuberculous drugs where indicated and general supportative measures for the chronically ill child. There is a trend toward using more anti-tuberculous drugs in the treatment of children suffering from primary or first infection disease. All patients were given the first and second vaccination against poliomyelitis during the fiscal year.

Approximately one-half of the admissions were in the age group requiring an educational program. A staff of eight teachers provided formal teaching for all grades one through twelve. There were seven graduates in June, three from high school and four from grammar school.

A strong recommendation for a building program to provide better housing for patients is made by the Superintendent. The fire hazard connected with the use of the old wards and pavilions is tremendous and the danger to patients' lives is inherent in their continued use.

Rutland State Sanatorium

There were 221 patients at this Sanatorium at the beginning of the fiscal year and 179 at its close. The highest patient population at any one time was 221 and the lowest 174, the daily average being 201. There were 240 patients admitted during the year; of these, 202 patients came from communities with a population of over 25,000 and 38 from communities under 25,000. The average age of patients admitted was 49 years. The average duration of residence was 304 days.

Attempts are being made to rejuvenate Rutland State Sanatorium as fast as possible. This was the first sanatorium in the State, being built in 1898. Under the renovation program the heating system is being modernized, more adequate plumbing is being installed, and the wiring is being renewed. The largest wards are gradually being transformed into single rooms; these are more suitable for the aged, many of whom require privacy. A space suitable for a sitting room or a dining room is kept open in the central area.

With the advent of antibiotics and chemicals, the treatment of tuberculosis is gradually shifting from the sanatorium to the community, and Rutland is adapting itself to the transition. By postgraduate teaching it contributes to the better management of the disease in the home and to the greater protection of the public.

The Superintendent recommends that chest surgery be done at Rutland instead of sending the patient to other hospitals. The institution has the required set-up in the pathological and clinical

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The Superintendent recommends that chest surgery be done at Rutland instead of sending the patient to other hospitals. The institution has the required set-up in the pathological and clinical

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laboratories and in the pulmonary function study room. He feels that it would create interest in the younger members of the medical staff, who are becoming more difficult to recruit because the regular type of work lacks challenge, and would be of great interest and benefit to the postgraduate nurses' teaching program which will be instituted in the near future.

Westfield State Sanatorium

Tuberculosis Service. On January 19, 1956, the tuberculosis service at the City of Springfield Isolation Hospital was closed, the 22 patients being transferred to Westfield State Sanatorium. It is felt that this is a forward step in the realignment of sanatorium facilities in western Massachusetts.

Chemotherapy continues to show its effect on mortality and morbidity rates. The relatively early discharge of patients for continued home care on antibiotics occurs in carefully selected cases.

During the fiscal year there were 181 admissions to the Tuberculosis Service, the average length of stay being 262 days and the average daily census 106. There were 6,305 visits to the Outpatient Department. Patient visits to tuberculosis consultation clinics held in Chicopee, Great Barrington, Greenfield, Holyoke, North Adams, and Pittsfield numbered 2,975.

Cancer Service. Two cancer teaching clinics were held for physicians from the four western counties of the State; on November 16 the attendance was 76; on May 9 it was 73.

There were 701 patients admitted to the Cancer Service, their average length of stay being 17 days. The average daily census was 31, which is about 62 per cent of capacity.

Pondville Hospital

The activities at Pondville Hospital during the fiscal year ending June 30, 1956, have been most fruitful from the standpoint of patients' care. With the graduation of the ninth class of Student Attendant Nurses on March 7, 1956, ten remaining at the Hospital, together with nearly a full quota of nursing personnel, our active bed capacity was well over 100. The daily average for the year was 94.9. During the year there were 1,591 admissions; of these 834 were new patients and 757 were readmissions. On July 1, 1955, there were 96 patients in the hospital; on June 30, 1956, there were 100. The average period of hospitalization was 22.5 days.

Regular general clinics were held on Mondays and Thursdays, 99 during the year, with an average attendance of 73.8. In addition, special gynecological, genito-urinary, x-ray, nose and throat, and thoracic clinics were held, making a total of 304 clinic sessions, with 14,320 patients. Of these patients, 694 were subsequently admitted to the Hospital after their first clinic visit.

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Throughout the year numerous professional and non-professional groups from local and distant areas in the United States and several foreign countries visited the hospital for seminars in the field of cancer.

During the fiscal year the renovation and air-conditioning of the third floor surgical section of the Service Building (Project H-701) and Project H-708 for Construction of two new filter beds were started. The renovation of the steam lines started one year ago has been completed.

Lemuel Shattuck Hospital

During the fiscal year of 1956, there was a steady increase of activity in every hospital department. This was in response to the admission of 973 patients who received a total of 74,249 days of care. There are several patient-care activities that deserve special mention. The hospital responded to the challenge of the poliomyelitis epidemic, established a respiratory center and, in addition, accepted a large number of patients with paralytic poliomyelitis. It is with pride that we report on the medical achievement of this activity.

The importance of the Department of Physical Medicine and Rehabilitation is emphasized by the total of 38,483 individual treatments given. These treatments are time-consuming, require the services of specially trained technicians and the advice and guidance of specially trained physicians. Continued growth of this department to keep pace with the further expansion of the hospital is going to present a problem and a challenge.

Service to other State hospitals for all types of professional assistance became an important phase of our activity. This involved not only direct patient care of surgery or deep x-ray therapy, but the use of special tests and laboratories which are only available here.

Important beginnings were made this year in the training of personnel in various phases of chronic disease care. In addition to the acceptance of this hospital as a training place for physicians, medical students, students in physical therapy and occupational therapy and medical technology spent time at the hospital. An active in-service program for our own personnel was carried out in rehabilitation nursing and in the operation of the respiratory center.

The special laboratories for Radioisotopes, Pulmonary Function and Metabolic Biochemistry were placed in operation. These not only contributed materially to patient care, but were responsible for the initiation of many research programs relative to the problems our patients presented.

Massachusetts Hospital School

Handicapped children of the Commonwealth, between four and twenty years of age, who are mentally competent to attend public school, are eligible for admission for hospital care and educational training at this School. During this fiscal year 63 children were admitted and 49 were discharged. The average number of patients per day was 120. During the year 87 operations were performed, including 64 orthopedic, 8 general surgery, 11 urological, 3 ophthalmologic and one plastic surgery. There were 8,166 physical therapy treatments given, 3,267 physical reconditioning treatments, and 3,842 occupational therapy visits.

In December, 1955, the School was made a member of the New England Association of Colleges and Secondary Schools, which indicates that the program of studies, the quality of teaching, and the educational background of the faculty, meet the requirements of the Association; because of this membership, graduates of the school are now accepted by colleges on recommendation of the School. During the year a course in accounting at the college level was inaugurated, and in the fall of 1956 a course in auditing and taxation for post-graduate students is contemplated. This field should prove valuable to our graduates, as homebound individuals are able to earn a comfortable living by keeping books, auditing, and making out tax returns.

The Industrial Arts experimental program for both boys and girls which was started this year has proved valuable in planning the program for the grades beyond the eighth. A six-weeks trial in various fields, such as horology, printing, cooking, mechanical drawing, photography, ceramics, etc., provided enough time to enable the students to determine the skills needed and to locate specific interests. Special studies are planned for the ninth grade year in line with the interests of the students. Some students will undoubtedly find these areas an outlet for hobbies or avocational interests, but others will continue in the upper grades on a vocational basis.

The School's teachers are constantly studying and working for the best possible program for the physically handicapped students, toward a better understanding of the needs of the pupils and methods of guiding them toward realistic goals so that they may become self-supporting, intelligent members of society.

The classes are still held in seven different buildings, making proper supervision difficult and the transportation of children from one building to another a problem. It is hoped that plans for a schoolhouse will ensure large enough classrooms. A handicapped child, using wheelchairs and bedcarts, needs twice as much space as does a normal pupil, and the numbers of students are increasing yearly. This year there were 167 students in the School. In addition, considerable bedside teaching must be done.

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During the past summer in connection with the college level work presented, and in the fall of 1956 a survey is being conducted for post-graduate students in continuation. This field should prove valuable to our graduates, as homebound activities are able to reach a considerable living in working people, children, and women at all times.

The Laboratory has an experimental program for both boys and girls which has selected this year has proved valuable in determining the program for the coming year. A six-week trial in various fields, such as physics, chemistry, biology, geology, drawing, photography, ceramics, etc., provided enough time to enable the students to determine the skills needed and to develop their interests. Special studies are planned for the next year in line with the interests of the students. Some students will be encouraged to continue in the laboratory for further study, but others will continue in the upper grades as a vocational basis.

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The Commonwealth of Massachusetts has been a leader in the work of training physically handicapped children, and the results shown by the records of graduates of the Massachusetts Hospital School are a justifiable source of gratification. The graduates who have gone on to college have done well. One is doing graduate work at Boston University after having received her B.A. at Wheaton College. Two are entering their senior year at Clark University. One graduate of this year's class will enter Clark in the fall, and another has been accepted at Boston Teachers College. Two former graduates are at the University of Massachusetts, and two have graduated from technical school. The majority of the graduates are prepared vocationally at the Hospital School, and in a good many instances reach the high level of skill necessary for successful competition in the field of industry.

The University of Massachusetts has been a leader in the
work of training technically educated engineers, and the results
shown by the records of graduates of the Massachusetts Institute
of Technology are a justification of this statement. The graduates
who have gone on to college have done well. The following graduates
of the University after having received their B.S. degrees
are entering their senior year at Harvard University.
The graduates of this year's class will enter class in the fall.
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graduates are at the University of Massachusetts, and two have
transferred from technical school. The majority of the graduates
are preparing themselves for the technical school, and in a great
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BUREAU OF INSTITUTE OF LABORATORIES

Division of Biologic Laboratories

Distribution of Normal Serum Albumin, Tetanus Antitoxin, Diluted Tuberculin, Old, and Defibrinated Horse Blood were at all-time high levels for the year. The distribution of most of our other products was high to very high. The relationship between the Laboratories and the medical profession of the State has been excellent and the continued low incidences of such disease as diphtheria, tetanus and pertussis have combined to be a source of much satisfaction to the Laboratories.

Studies have been continued, particularly in the field of toxin production. Among the new studies initiated has been the isolation of the H. influenza polysaccharide with a view to possible immunization against this disease, by its incorporation with other antigens. The product - Tetanus and Diphtheria Toxoids, fluid, combined, for Adult Use - must still be considered as under study because the National Institutes of Health license has not been granted as yet. Its use has found favor both in the State and elsewhere. The Laboratories believe that the low incidence of diphtheria, particularly in Massachusetts, gives too favorable a picture of the overall level of diphtheria and that this timely product should be used extensively.

In the category of special services, more human plasma was fractionated under contract with the American National Red Cross than in any previous year. With the release of sizable amounts of poliomyelitis vaccine from commercial manufacturers during the latter part of the fiscal year, the Laboratories distributed the State's quota for the 1-19 year olds.

A study of the need, feasibility, costs and other factors involved in the purchase of the Bussey grounds and buildings by the State and an evaluation of the possibilities of the State's production of poliomyelitis vaccine have culminated in the enactment of legislation authorizing a recess commission study of the Department's laboratory needs. A report will be made by this commission in April, 1957.

Diagnostic Laboratory

During the calendar year 1955 the Diagnostic Laboratory performed a total of 60,040 tests, which slightly exceeds the 59,840 tests performed in 1954. The total work during the past five years has increased greatly, since a much larger portion of the specimens are enteric and tuberculosis specimens, both of which are quite time-consuming. The number of specimens to be cultured for enteric pathogens has

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about doubled in the past five years. Furthermore, the number of positives, each of which takes much more time than a negative, has increased even more, in fact up to five times for the Salmonellas. In addition, the performance of routine cultures as well as smears on all suspected cases of tuberculosis, has doubled the necessary time spent on tuberculosis specimens.

The laboratory approval work increases substantially each year with the persistently increasing number of laboratories participating in the program. This year 210 laboratory approval certificates were issued.

In July, 1955, with financial aid from the Public Health Service Communicable Disease Center and the National Foundation for Infantile Paralysis, the Virus Section of the Diagnostic Laboratory was rapidly expanded to become a Poliomyelitis Surveillance Unit. Approximately one-tenth of the reported cases of poliomyelitis (about 4000) were studied in the Diagnostic Laboratory. The Laboratory confirmed the early finding of the Children's Medical Center Laboratory that the poliomyelitis occurring this year was almost exclusively due to type I poliovirus.

Of increasing interest is the study of other viral agents causing polio-like disease which in some cases appear to be paralytic but without severe sequelae. These numerous agents can be clearly defined only in the laboratory; their importance in evaluation of the Salk vaccine is obvious. A group of thirty or more agents from the epidemic beginning in the summer of 1955 are now being studied in an effort to determine which are the colon bacilli of the virus world and which are the pathogens. Studies on the survival of poliovirus under various conditions of transit to the laboratory are also being made. One conclusion that has been reached is that refrigeration in transit is not imperative, but that freezing on receipt is the best method for preserving material for long-range studies.

Wassermann Laboratory

This year 528,913 tests were performed in this laboratory, approximately the same number as tested in the past five years. Over 498,000 were serologic tests for syphilis.

One hundred and seventy-six animal heads were received for diagnosis of rabies; all proved to be non-rabid.

The work on the brucellosis eradication program in cooperation with the United States Department of Agriculture has been notably expanded. Over 45,000 agglutination tests for brucellosis were done on specimens of blood from cattle. The milk ring test has been added to the routine in order to reduce the number of cattle to be blood tested.

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In the intrastate evaluation of serologic tests for syphilis, 70 laboratories were approved for blood donor purposes and 46 laboratories received approval to do standard serologic tests for syphilis. Technicians from hospital laboratories participating in the program were given instruction in the serology of syphilis.

Experimental work on the new techniques using Treponemal Pallidum antigens has been carried on this year. These techniques, if found practical for clinical purposes, may aid physicians in evaluating so-called biologic false positive reactions.

Mycology Laboratory

This laboratory during the year has identified a large number of mycological specimens referred from hospitals and sanatoria, in addition to the regular diagnosis of specimens received directly from physicians. This work was divided into (1) reference identification of cultures sent mostly by hospitals; (2) direct specimen material for diagnosis in hospitalized patients; (3) development of better methods for the identification of fungi. As many as 25 tests are now required for identification of some of the common fungi, which may require up to six weeks time for a single identification. Since the personnel, quarters and equipment of this laboratory are inadequate for the work demanded, the Mycology Laboratory must be considered an investigating laboratory, not yet integrated in the routine diagnostic service of the Institute of Laboratories.

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BUREAU OF ENVIRONMENTAL SANITATIONDivision of Sanitary Engineering

The public water supplies of Massachusetts, serving some 98.4% of the population, have been maintained in a safe sanitary condition, though suffering considerable damage and temporary interruption during the flood accompanying the hurricanes of August 1955. Damage to public water supplies in Massachusetts during the August 1955 flood approached \$2,500,000.00. Water departments have also been plagued by damage to sources of public water supplies by the accelerated highway program, which in one instance has caused abandonment of the source and its replacement.

Three additional towns have begun fluoridation of their water supplies, making the total at present 20 communities with a population of 210,000 using fluoridated water.

The water consumption from public water supplies is now close to 500 million gallons per day and it is anticipated that this amount will increase by the year 2000 to a billion gallons per day.

During the year the Department conducted classification studies preparatory to classifying the Ten Mile River and Narragansett Bay. The results of these studies were referred to the New England Interstate Water Pollution Control Commission and were adopted.

The Department has cooperated with the State of Connecticut in a sampling program preparatory to classification of the Housatonic River.

There has been a special survey made of the Chicopee River with a view to determining the degree of treatment which should be afforded the wastes of the various industries in the locality in order to maintain the river in a suitable condition.

The Department has found it necessary to refer to the Attorney General the pollution of various streams including the Ipswich, Connecticut and Manhan rivers by reason of discharge of sewage from Ipswich, Northampton and Easthampton. Court action has not been instituted in any instance.

The Department has referred to the Director of Accounts the matter of determining the ability of the city of Chicopee to finance a sewerage system and sewage treatment facilities. Such a hearing is a legal requirement preparatory to referring the matter to the Attorney General of pollution of the Chicopee and Connecticut rivers.

DIVISION OF WATER RESOURCES

The public water supplies of Massachusetts, serving some 25.4% of the population, have been seriously affected by the recent flood, suffering considerable damage and temporary interruption during the flood accompanying the hurricane of August 1955. Damage to public water supplies in Massachusetts during the August 1955 flood approached \$2,500,000.00. Water departments have also been plagued by damage to sources of public water supplies by the accelerated highway program, which in one instance has caused abandonment of the source and its replacement.

Three additional towns have been threatened of their water supplies, making the total at present 20 communities with a population of 210,000 being threatened.

The water consumption from public water supplies is now about 500 million gallons per day and it is anticipated that this amount will increase by the year 2000 to a billion gallons per day.

During the year the Department conducted classification studies preliminary to the establishment of the New England Interstate Water Pollution Control Commission and some selected.

The Department has cooperated with the State of Connecticut in a sampling program preliminary to the establishment of the Connecticut River.

There has been a special survey made of the Connecticut River in view to determining the degree of treatment which should be afforded the wastes of the various industries in the lower part of the river to maintain the river in a suitable condition.

The Department has found it necessary to refer to the Attorney General the pollution of various streams including the Ipswich, Connecticut and Mianus rivers by reason of discharge of sewage from Ipswich, Weymouth and Weymouth. Department has not been instituted in any instance.

The Department has referred to the Attorney General the matter of determining the liability of the State of Connecticut to the water of the Connecticut River and the Mianus River. The matter is being handled by the Attorney General of the Connecticut and Connecticut rivers.

During the current year the Department has entered into a contract for the construction of a new sewage treatment plant to serve the town of Southbridge. The original plant was destroyed during the flood and hurricane of this year.

The Department and the Army Engineers are cooperating to construct a sewerage system and sewage treatment works to serve the town of Charlton. This was found desirable in view of the extensive flood damage to local sewage treatment facilities in the village of Charlton City.

The town of Deerfield is constructing two sewage treatment plants, one to serve the village of Deerfield and the other South Deerfield. The new sewage treatment plant replacing the existing Clinton sewage treatment plant is nearing completion.

Additional sewage treatment facilities in the form of aerated grit removal chambers have been provided for the city of Worcester and town of North Adams.

The South Essex Sewerage District Pumping Station at Salem has been completed.

Construction is underway whereby sewage from the town of West Springfield and East Longmeadow will be discharged to the Springfield sewerage system for treatment. In the case of East Longmeadow the existing sewage treatment plant will be operated to its full capacity but excess flows will be diverted to Springfield.

A new sewage treatment plant has been constructed to serve a portion of Westover Field in the city of Chicopee.

The city of Fall River has completed the third section of its municipal interceptor to convey sewage from a considerably larger area of the city to the municipal sewage treatment plant.

The town of South Hadley is continuing the construction of a trunk sewer to convey sewage to the site of a proposed sewage treatment plant.

The city of New Bedford has completed the rehabilitation of its sewage pumping stations to prevent the discharge of sewage to the Acushnet River and Clarks Cove.

The town of Hingham is constructing a sewerage system for the North Hingham area. Sewage will be discharged to the Metropolitan District Commission.

In connection with flood control works the main trunk sewer of the town of Adams is being reconstructed and extended.

The towns of Randolph and Westwood received legislative approval to join the South Metropolitan Sewerage District.

During the current year the Department has completed the construction of a new sewage treatment plant at the town of Deerfield. The plant has a capacity of 1,000,000 gallons per day and is located on the town of Deerfield.

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The Department has cooperated with the states of Maine and New York in a study relative to the shipment of mussels. The Department has reaffirmed its position in the matter of importation of foreign shellfish and will not accept for sale any shellfish which are produced outside the certification program of the U.S. Public Health Service. This certification program only extends to the various states and the Dominion of Canada. The importation of shellfish from other countries into Massachusetts is not permitted.

The Legislature authorized the Department to close shellfish areas in the face of an emergency, thus the Department may close immediately any shellfish areas subject to pollution such as may be caused by bypassing of sewage treatment plants, breaks in sewage systems or other emergencies as may be declared by the Commissioner of Public Health.

The Division has made considerable progress during the past year in developing its program for the control of atmospheric pollution. Municipal surveys have been started in Milford, Pittsfield, Salem and Marblehead, and dustfall sampling has been conducted in Boston, Everett, Newton, Andover and Lawrence. Routine high-volume air samples have been collected at three stations in the greater Boston area as part of the National Air Sampling Network of the Public Health Service. The Department has not as yet adopted minimum rules and regulations as provided by Section 142A of Chapter 111 of the General Laws.

In the Division of Smoke Inspection the most significant feature of the year's work was the decrease in the number of observations of stacks by the inspecting force. This is due to the reduced number of personnel. Consequently, there followed, as day follows night, a lower number of violations reported. Plant inspections, which are a strong force in minimizing violations, are made to ascertain the cause of violations already noted, or to prevent future violations. The Division made 730 of these. The Director held 14 formal hearings, involving the issuance of four orders to stop or abate the emission of smoke. Thirty-eight conferences were held, where the facts of the case did not warrant the holding of a hearing. Division personnel assisted the Division of Sanitary Engineering in its air pollution work.

The passage of Chapter 310 of the Acts of 1955, which act concerns the assignment of places for public and private dumps, has resulted in a greatly increased number of requests for examination of existing and proposed dump sites. During this fiscal year communications were sent to 18 municipalities relating to such sites. Several communications were sent as a result of complaints concerning the operation of piggeries. The Division has, as usual, received a large number of communications relating to local nuisance conditions.

The Division of Sanitary Engineering has cooperated with the Division of Tuberculosis in the preparation of plans and specifications in the supervision of the construction of works for water supply, sewage disposal and fire protection. Assistance has been given in the preparation of plans and specifications and the supervision of the construction of certain other work in cooperation with the engineer of the Commission on Administration and Finance.

At the Lawrence Experiment Station, activities in the Plumbing Laboratory included the first training sessions for apprentice, journeyman and master plumbers and others; installation of the basic piping and accessories essential to the final laboratory installations; designing and ordering of equipment and materials for demonstration, testing, research and teaching purposes; work with various outside organizations in the plumbing field and the writing of articles and special reports.

The three year period for the Home Accident Prevention Project sponsored by the Kellogg Foundation will terminate July 31, 1956. Approval has been granted, however, for an extension of time on a gradually diminishing budget until January 31, 1958, using the unexpended balance of the original grant of \$96,000. The statistical study of home accident injuries reported by the 36 cooperating hospitals and 288 cooperating physicians will come to its conclusion on December 31, 1956, with the final report to follow. Activities by the project staff with local boards of health and other agencies in the attempt to initiate community home accident prevention activities have been continued.

The Division of Sanitary Engineering, New York State, has been working in the Division of Laboratories in the preparation of plans and specifications for the construction of certain other work in cooperation with the engineer of the Commission on Administration and Finance.

At the Lawrence Experiment Station, activities in the Plumbing Laboratory included the first training sessions for apprentices, foremen and journeymen in the installation of the basic piping and accessories. The Plumbing Laboratory installations; designing and ordering of materials and work for demonstration, testing, research and teaching purposes; work with various outside organizations in the field and the setting of specific and general records.

The three year period for the Home Accident Prevention Project sponsored by the Federal Government will terminate June 30, 1950. Approval has been granted, however, for an extension of time on a gradually diminishing budget until January 31, 1951. During the next year, a balance of the original grant of \$25,000. The statistical study of home accident injuries reported by the 288 cooperating hospitals and 288 cooperating physicians will come to its conclusion on December 31, 1950, with the final report to follow. Activities by the project staff with local boards of health and other agencies in the attempt to initiate community home accident prevention activities have been continued.

Division of Food and Drugs

The routine operations of the Food and Drug Division have been carried on during the past year, as usual. Manifold increases in work-load during the past few years, without proportional increase in personnel, have necessitated a curtailment of certain services in order to give some attention to new responsibilities.

The Division's function as an "emergency unit" was vividly displayed again as a result of the disaster and flood caused by Hurricane Diane. Its efforts prevented the spoilage of large quantities of foods and drugs and also caused the removal of large quantities of damaged foods and drugs from the Massachusetts market.

Added duties, consisting of new responsibilities created by the passage of recent legislation; the ever-increasing utilization of frozen foods; the technological advances in the utilization of food additives; and the tremendous increase in the use of pre-packaged foods, have created a dangerous situation wherein adequate protection is not being offered to the "consuming public". With the extremely limited personnel available, we cannot adequately carry on this work. Co-operation with the regulated industries has been of some assistance.

The Division's application of the educational approach has been extremely effective and will be continued within the scope of our limitations. The occurrence of hurricane weather, affecting the New England area, has increased the emergency work of the Division to a full three-month period during the past year, further limiting the time available for normal milk, food and drug law-enforcement work.

There is a tendency for local boards of health to do less and less work on food supervision, even where local boards have previously given considerable attention to this problem. A condition is arising wherein food inspectors are being employed for other phases of public health work, thereby reducing the concentration of food inspection.

Milk inspection on the local level falls into the same category, with more and more reliance upon the State agency. In spite of the inadequacy of local health agencies to cope with the over-all problem, in the several communities employing milk inspectors good programs are being carried out. However, much overlapping is occurring, with less over-all inspectional work being done for the benefit of all. The laboratory approval program has been of considerable assistance to local boards in obtaining qualified public health laboratory assistance.

The condition of sanitation at the several fairs operated in the Commonwealth continues to be of increasing concern to the Division. A death resulted last year due to contaminated food sold at one fair. Programs are being established to effect improvement in the preparing, handling and serving of food at these fairs.

The Division's operations for the year 1934 have been marked by a number of important developments. In work-load during the past few years, without proportional increase in personnel, the Division has maintained a high level of efficiency. It is to be noted that the Division's work has been steadily increasing.

The Division's function as an "emergency unit" was vividly displayed again as a result of the disaster and flood conditions in the State. The Division's personnel were called upon to assist in the relief work, and the Division's resources were put to a severe test. The Division's personnel were called upon to assist in the relief work, and the Division's resources were put to a severe test.

With regard to the Division's work in the field of food additives, the Division has been actively engaged in the study of the problem. The Division's personnel have been called upon to assist in the study of the problem, and the Division's resources have been put to a severe test. The Division's personnel have been called upon to assist in the study of the problem, and the Division's resources have been put to a severe test.

The Division's work in the field of food inspection has been steadily increasing. The Division's personnel have been called upon to assist in the study of the problem, and the Division's resources have been put to a severe test. The Division's personnel have been called upon to assist in the study of the problem, and the Division's resources have been put to a severe test.

There is a tendency for local boards of health to be less and less active in food inspection, and more and more to rely on the Division. A condition of food inspection, thereby reducing the concentration of food inspection.

All inspection of the food supply must be done by the State, with more and more reliance upon the State agency. In view of the inadequacy of local health agencies to cope with the ever-increasing problem, in the several States, the Division has been called upon to assist in the study of the problem, and the Division's resources have been put to a severe test.

The Division's work in the field of food inspection has been steadily increasing. The Division's personnel have been called upon to assist in the study of the problem, and the Division's resources have been put to a severe test. The Division's personnel have been called upon to assist in the study of the problem, and the Division's resources have been put to a severe test.

The fields of opportunity for service to the general public in the protection of the health and welfare of the community, as pertaining to milk, food, drugs, economic poisons, and bedding and upholstery, are unlimited. Only the surface has been scratched thus far, due to the limited personnel and budgets available to the Division.

The field of operation of the Division is the protection of the health and welfare of the people of the United States; to milk, food, drugs, economic poisons, and bedding. The surface has been scratched thus far, and the limited personnel and budget available to the Division.

3
Respectfully submitted,

Samuel B. Kirkwood, M.D.
Commissioner of Public Health

Gordon M. Fair, B.S.

William H. Griffin, D.M.D.

Paul J. Jakmauh, M.D.

Raymond L. Mutter

Conrad Wesselhoeft, M.D.

Charles F. Wilinsky, M.D.
Public Health Council

Respectfully Submitted,

Samuel B. Williams, M.D.
Commissioner of Public Health

George L. Blair, M.D.

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Raymond L. Miller

Conrad Wesselschoff, M.D.

Charles F. Wilkins, M.D.
(Public Health Council)

DEPARTMENT OF PUBLIC HEALTH
FINANCIAL REPORT
STATE FUNDS
TWELVE MONTHS ENDED JUNE 30 1956

	APPROPRIATIONS	EXPENDITURES	BALANCE
<u>NEW ENGLAND INTERSTATE WATER POLLUTION CONTROL COMMISSION</u>			
<u>0455-01</u>			
-03 Services, Non-Employees	780 00	780 00	---
-10 Travel & Automotive Expenses	800 00	799 78	22
-13 Special Supplies & Expenses	7 500 00	7 475 00	25 00
<u>COMMISSIONER'S SALARY</u>			
<u>2001-01</u>	14 000 00	14 000 00	---
-01 Salaries, Permanent Positions			
<u>ADMINISTRATION</u>			
<u>2001-02</u>			
-01 Salaries, Permanent Positions	121 750 00	115 187 87	6 562 13
-02 Salaries, Other	2 300 00	1 850 00	450 00
-10 Travel & Automotive Expenses	15 300 00	13 135 47	2 164 53
-11 Advertising & Printing	950 00	894 27	55 73
-12 Maint Repairs - Repl & Alterations	8 450 00	8 334 92	115 08
-13 Special Supplies & Expenses	200 00	140 40	59 60
-14 Office & Administrative Expenses	16 047 23	16 039 77	7 46
-15 Equipment	2 056 12	1 954 40	101 72
-16 Rentals	4 004 00	2 366 00	1 638 00
<u>BUREAU OF ENVIRONMENTAL SANITATION</u>			
<u>2002-01</u>			
-01 Salaries, Permanent Positions	464 045 00	449 634 67	14 410 33
-02 Salaries, Other	58 885 00	50 199 32	8 685 68
-03 Services, Non-Employees	2 944 97	2 011 72	933 25
-06 Housekeeping Supplies & Expenses	950 00	434 19	515 81
-07 Lab & Med Suppl & Exp & Gen'l Care	15 775 00	13 871 69	1 903 31
-08 Heat & Other Plant Operation	8 180 00	7 634 22	545 78
-10 Travel & Automotive Expenses	14 725 00	14 719 47	5 53
-11 Advertising & Printing	3 610 00	2 317 60	1 292 40

BUREAU OF ENVIRONMENTAL SANITATION (Continued)

2002-01

- 12 Maint.- Repairs - Repl & Alterations
- 13 Special Supplies and Expenses
- 14 Office & Administrative Expenses
- 15 Equipment

APPROPRIATIONS

6 190 00
4 000 00
5 000 00
4 810 00

EXPENDITURES

6 055 27
4 000 00
4 954 25
4 102 03

BAIANCE

134 73

45 75
707 97

BUREAU OF PREVENTIVE DISEASE CONTROL

2003-01

- 01 Salaries, Permanent Positions
- 02 Salaries, Other
- 03 Services, Non-Employees
- 07 Lab & Med. Suppl & Exp & General Care
- 08 Heat & Other Plant Operation
- 10 Travel & Automotive Expenses
- 11 Advertising & Printing
- 12 Maint Repairs - Repl & Alterations
- 13 Special Supplies & Expenses
- 14 Office & Administrative Expenses
- 15 Equipment
- 16 Rentals

226 905 00
37 245 00
48 748 00
573 652 00
960 00
5 650 00
3 450 00
485 00
3 300 00
9 900 00
100 00
14 761 00

212 015 82
33 843 63
46 283 00
545 692 69
960 00
5 391 97
3 271 31
389 62
2 731 74
9 813 47
92 22
14 406 00

14 889 18
3 401 37
2 465 00
27 959 31

258 03
178 69
95 38
568 26
86 53
7 78
355 00

BUREAU OF HEALTH SERVICES

2004-01

- 01 Salaries, Permanent Positions
- 02 Salaries, Other
- 03 Services, Non-Employees
- 07 Lab. & Med. Suppl. & Exp. & Gen'l Care
- 08 Heat & Other Plant Operation
- 10 Travel & Automotive Expenses
- 11 Advertising & Printing
- 12 Maint Repairs - Repl. & Alterations
- 13 Special Supplies & Expenses
- 14 Office & Administrative Expenses
- 15 Equipment
- 16 Rentals

239 395 00
23 208 00
7 700 00
89 878 00
1 050 00
7 100 00
3 710 00
945 00
100 00
5 570 00
125 00
9 710 00

230 750 40
19 717 55
7 685 00
89 854 29
1 050 00
5 437 96
3 158 36
925 60
99 88
5 366 96
123 50
9 709 40

8 644 60
3 490 45
15 00
23 71

1 662 04
551 64
19 40
12
203 04
1 50
60

BUREAU OF HOSPITAL FACILITIES

2005-01

- 01 Salaries, Permanent Positions
- 02 Salaries, Other
- 03 Services, Non-Employees
- 07 Lab. & Med. Suppl. & Exp. & Gen'l Care
- 10 Travel & Automotive Expenses
- 11 Advertising & Printing
- 12 Maint Repairs - Repl & Alterations
- 13 Special Supplies & Expenses
- 14 Office & Administrative Expenses
- 15 Equipment
- 16 Rentals

APPROPRIATIONS

86 290 00
6 125 00
450 00
50 00
2 600 00
1 600 00
100 00
150 00
2 375 00
150 00
4 515 00

EXPENDITURES

78 974 23
2 693 10
209 90
38 40
2 600 00
191 15
30 34

2 372 46
148 70
4 515 00

BALANCE

7 315 77
3 431 90
240 10
11 60

1 408 85
69 66
150 00
2 54
1 30

BUREAU OF TUBERCULOSIS & INSTITUTIONS

2006-01

- 01 Salaries, Permanent Positions
- 02 Salaries, Other
- 03 Services, Non-Employees
- 07 Lab & Med. Suppl. & Exp. & Gen'l Care
- 10 Travel & Automotive Expenses
- 11 Advertising & Printing
- 12 Maint Repairs - Repl & Alterations
- 14 Office & Administrative Expenses
- 15 Equipment

120 895 00
2 940 00
1 170 00
18 800 00
2 250 00
550 00
600 00
2 000 00
250 00

109 826 79
2 326 79
1 141 08
18 744 99
1 106 76
550 00
498 95
1 994 29
207 95

11 068 21
613 21
28 92
55 01
1 143 24

101 05
5 71
42 05

INSTITUTE OF LABORATORIES

2007-01

- 01 Salaries, Permanent Positions
- 02 Salaries, Other
- 03 Services, Non-Employees
- 06 Housekeeping Supp. & Exp.
- 07 Lab. & Med. Suppl. & Exp. & Gen'l Care
- 08 Heat & Other Plant Operation
- 10 Travel & Automotive Expenses

446 108 00
24 900 00
1 205 00
475 00
59 995 00
26 250 00
600 00

418 574 36
17 886 70
1 156 50
417 39
58 257 86
24 954 30
350 41

27 533 64
7 013 30
48 50
57 61
1 737 14
1 295 70
249 59

INSTITUTE OF LABORATORIES (Continued)

	APPROPRIATIONS	EXPENDITURES	BALANCE
<u>2007-01</u>			
-11 Advertising & Printing	4 820 00	4 744 74	75 26
-12 Maint Repairs - Repl & Alterations	11 816 00	11 784 38	31 62
-14 Office & Administrative Expenses	13 625 00	13 533 15	91 85
-15 Equipment	184 00	184 00	--
-16 Rentals	10 365 00	10 333 49	31 51

ROTHBURSEMENT-SUBSIDIES OF TUBERCULAR PATIENTS IN

<u>CERTAIN HOSPITALS 2620-01</u>			
-17 State Aid	402 942 21	397 149 94	5 792 27 **

SMOKE INSPECTION

<u>4311-01</u>			
-01 Salaries, Permanent Positions	41 045 00	35 258 52	5 786 48
-08 Heat & Other Plant Operation	300 00	300 00	--
-10 Travel & Automotive Expenses	1 200 00	1 200 00	--
-11 Advertising & Printing	150 00	83 75	66 25
-12 Maint Repairs - Repl. & Alterations	59 00	58 10	90
-14 Office & Administrative Expenses	491 00	469 82	21 18
-15 Equipment	1 438 00	1 435 02	52 98
-16 Rentals	1 980 00	1 980 00	--

** = Carried Forward to 1957 Appropriation.

END OF REGULAR MAINTENANCE APPROPRIATIONS

SPECIALS FOLLOW

<u>POLIOMYELITIS VACCINE PROGRAM</u>			
<u>2001-03 (Expires 6-30-58)</u>			
-02 Salaries, Other	34 620 00	33 182 45	1 437 55
-07 Lab. & Med. Supp. & Exp. & Gen'l Care	465 380 00	6 766 96	458 613 04
<u>HYAMS LABORATORY ADDITION</u>			
<u>2001-21 (Expires 6-30-57)</u>			
-00	23 101 86	23 083 13	18 73

	APPROPRIATIONS	EXPENDITURES	BALANCE
CONTINUATION OF CERTAIN STUDIES			
2002-25 (Expires 12-4-57)			
-02 Salaries, Other	11 960 00	951 71	11 008 29
-03 Services, Non-Employees	2 000 00	---	2 000 00
-07 Lab. & Med. Supp. & Exp. & Gen'l Care	4 500 00	---	4 500 00
-10 Travel & Automotive Expenses	1 590 00	---	1 590 00
-11 Advertising & Printing	50 00	---	50 00
-13 Special Supplies & Expenses	300 00	---	300 00
-14 Office & Administrative Expenses	200 00	---	200 00
-15 Equipment	4 400 00	---	4 400 00
CERTAIN STUDIES			
2002-26 (Expires 12-26-56)			
-02 Salaries, Other	2 684 00	---	2 684 00
-03 Services, Non-Employees	21 316 00	---	21 316 00
-10 Travel & Automotive Expenses	1 000 00	---	1 000 00
MOVING WATER LABORATORY			
2015-24 (Expired 6-30-55)	429 09	7 84	421 25
-13 Special Supplies & Expenses			
STUDY OF IMPROVEMENT OF CERTAIN PONDS			
2015-25 (Expires 1st Wednesday in December 1957)			
-02 Salaries, Other	924 45	922 30	2 15
-07 Lab. & Med. Supp. & Exp. & Gen'l Care	146 90	144 61	2 29
CERTAIN STUDIES			
2015-26 (Expires 12-30-56)			
-00	10 778 91	7 135 45	3 643 46

NATIONAL FOUNDATION FOR INFANTILE PARALYSIS-

TRUST FUND 6173-01-00
(Expired 4-30-56)

LAND & BUILDING AT LAWRENCE EXPERIMENT STATION
7720-02-00 (Expired 6-30-56)

TOTAL OF SPECIAL APPROPRIATIONS
TOTAL OF MAINTENANCE APPROPRIATIONS

GRAND TOTALS

INCOME

TOTAL RECEIPTS FOR TWELVE MONTHS ENDED JUNE 30 1956

<u>APPROPRIATIONS</u>	<u>EXPENDITURES</u>	<u>BALANCE</u>
66 000 00	38 223 95	27 776 05
21 956 51	6 521 91	15 434 60
⁸⁸ 673 337 72-	116 940 31	⁵⁷ 556 397 41-
3 400 757 53	<u>3 219 945 99</u>	<u>180 811 54</u>
4 074 095 25 ₄₁	3 336 886 30	^{809 11} 737 268-95-
.....	136 264 30

The Principal Financial Items of this Report
are in agreement with the Comptroller's Records

Date

Checked By

Fred A. Moncewicz, Comptroller

UNENCUMBERED BALANCE

ENCUMBERED

1956 BALANCE

1956 EXPENDITURE

1956 APPROPRIATION

ACCOUNT NUMBER - NAME

4213-00-00 FED GR CANCER CONTROL

Central Administration

Health Information

Training Personnel

Cancer Control

Nashoba Health Unit

Group Insurance

TOTAL

15 406 68
3 562 45
250 00
59 482 93
200 00
293 36
79 195 42

15 094 07
3 559 21
250 00
54 100 88
200 00

73 204 16

312 61
3 24

5 382 05

293 36
5 991 26

312 61

5 196 76

252 33
5 761 70

3 24

185 29

41 03
229 56

4214-00-00 FED GR GENERAL HEALTH

Central Administration

Health Information

Car Pool

Training Personnel

Southeastern Central

Southeastern Lawrence

Southeastern Amherst

Sanitation

Food & Drug Central

Food & Drug Laboratory

Communicable Disease (Polio G.H.)
(Communicable)

Local Health Central

Southeastern Lakeville

Northeastern

Worcester Central

Fitchburg Central

Western Amherst

Western Pittsfield

Nursing Bureau

Division of Hospitals

Diagnostic Laboratory

Nashoba Health Unit

Barnstable County

Brookline Health Department

Nutrition

Group Insurance

TOTAL

44 800 46
21 374 12
12 365 42
9 843 70
51 282 70
7 556 46
11 601 00
11 204 04
8 143 40
6 124 54
112 100 00
3 275 00
17 328 04
8 168 83
1 925 57
4 239 37
1 111 17
4 116 43
5 999 21
87 57
3 520 00
6 435 98
10 000 00
1 500 00
500 00
235 94
1 890 00
366 728 95

42 476 51
19 178 42
4 315 46
8 545 63
44 588 42
5 740 94
10 755 00
11 151 70
7 582 33
6 075 96
25 695 58
2 960 00
16 793 16
8 104 42
1 428 29
4 238 28
1 041 39
3 957 44
5 761 06
72 12
3 520 00
6 435 98
10 000 00
1 500 00

140 00

252 058 09

2 323 95
2 195 70
8 049 96
1 298 07
6 694 28
1 815 52
846 00
52 34
561 07
48 58
86 404 42
315 00
534 88
64 41
497 28
1 09
69 78
147 83
213 78
1 25

500 00
95 94
1 890 00
114 670 86
26 877 93

2 231 17
2 043 95
8 049 96
1 253 90
6 694 28
1 815 52
845 80
32 51
561 07

55 00
534 88
64 41
497 28

69 78
147 83
213 78
1 25

500 00

1 265 56
26 877 93

92 78
151 75

44 17

20
19 83

48 58
86 404 42*
260 00

1 09

11 16
24 37
14 20

95 94
624 44
87 792 93

* With reference to this GH - Polio allotment, funds in all State Treasuries unobligated as of June 30, 1956 must be returned for deposit to the Federal treasury. This grant was specifically limited to administration and distribution of polio vaccine and could not be used for purchase of vaccine, thus the large unencumbered balance returnable.

ACCOUNT NUMBER - NAME	1956 APPROPRIATION	1956 EXPENDITURE	1956 BALANCE	ENCUMBERED	UNENCUMBERED BALANCE
<u>4215-00-00 FED GR CR CHILDREN A</u>					
Central Administration	13 238 99	11 610 00	1 628 99	---	1 628 99
Car Pool	8 846 20	748 61	8 097 59	4 170 00	3 927 59
Training Personnel	135 00	50 00	85 00	---	85 00
Local Health Central	161 65	159 20	2 45	---	2 45
Southeastern Lakeville	19 729 45	18 847 26	882 19	629 42	252 77
Northeastern	9 383 02	7 984 79	1 398 23	1 398 23	---
Worcester Central	7 903 47	7 893 59	9 88	9 88	---
Fitchburg Central	12 623 65	11 475 75	1 147 90	973 48	174 42
Western Amherst	11 591 24	10 612 15	979 09	491 39	487 70
Western Pittsfield	7 194 71	6 392 43	802 28	762 10	40 18
Crippled Children	95 549 85	76 412 84	19 137 01	15 702 36	3 434 65
Pittsfield General Hospital	240 00	240 00	---	---	---
Group Insurance	1 045 00	---	1 045 00	726 49	318 51
TOTAL	187 642 23	152 426 62	35 215 61	24 863 35	10 352 26
<u>4216-00-00 FED GR CR CHILDREN B</u>					
Central Administration	1 908 00	88 14	1 819 86	1 811 25	8 61
Car Pool	5 570 63	3 526 73	2 043 90	2 035 08	8 82
Southeastern Lakeville	80 30	---	80 30	---	80 30
Western Amherst	2 389 53	2 388 85	68	---	68
Crippled Children	19 807 07	13 851 14	5 955 93	5 955 93	---
Pittsfield General Hospital	720 00	720 00	---	---	---
Group Insurance	35 00	---	35 00	10 35	24 65
TOTAL	30 510 53	20 574 86	9 935 67	9 812 61	123 06
<u>4217-00-00 FED GR MAT. & CHILD HEALTH A</u>					
Central Administration	9 795 93	8 820 85	975 08	83 00	892 08
Health Information	26 803 16	24 776 70	2 026 46	1 822 22	204 24
Car Pool	1 700 00	---	1 700 00	1 625 00	75 00
Training Personnel	3 170 00	2 119 00	1 051 00	890 00	161 00
Maternal Mortality	840 00	665 00	175 00	---	175 00
Southeastern Lakeville	6 924 09	6 784 61	139 48	86 00	53 48
Northeastern	14 691 75	14 607 68	84 07	67 07	17 00
Worcester Central	4 165 00	4 162 00	3 00	---	3 00
Fitchburg Central	15 00	15 00	---	---	---
Western Pittsfield	3 090 00	3 090 00	---	---	---
Nursing	15 400 68	14 931 54	469 14	29 78	439 36
Maternal & Child Health	59 392 18	55 282 74	4 109 44	3 212 47	896 97

ACCOUNT NUMBER - NAME	1956 APPROPRIATION	1956 EXPENDITURE	1956 BALANCE	ENCUMBERED	UNENCUMBERED BALANCE
Nashoba Health Unit	600 00	600 00	---	---	---
Group Insurance	900 00	---	900 00	727 29	172 71
TOTAL	147 487 79	135 855 12	11 632 67	8 542 83	3 089 84
4218-00-00 FED GR MAT & CHILD HEALTH B					
Central Administration	4 617 00	4 331 82	285 18	252 28	32 90
Health Information	198 35	198 35	---	---	---
Car Pool	3 297 92	2 528 12	769 80	617 91	151 89
Maternal Mortality	1 900 00	890 00	1 010 00	1 010 00	---
Training Personnel	150 00	---	150 00	125 00	25 00
Southeastern Lakeville	40 12	22 06	18 06	---	18 06
Northeastern	95 71	95 71	---	---	---
Nursing	5 302 31	5 302 31	---	---	---
Maternal & Child Health	14 188 01	12 556 22	1 631 79	1 294 86	336 93
Child Growth & Development	16 175 00	12 766 09	3 408 91	---	3 408 91
Group Insurance	75 00	---	75 00	62 10	12 90
TOTAL	46 039 42	38 690 68	7 348 74	3 362 15	3 986 59
4219-00-00 FED GR VENEREAL DISEASE CONT					
Venereal Disease Control	175 05	---	175 05	---	175 05
4220-00-00 FED GR PLANNING POLIOMYELITIS					
	30 000 00	---	30 000 00	---	30 000 00
4221-00-00 FED GR TUBERCULOSIS CONTROL					
Health Information	4 974 49	4 908 46	66 03	65 73	30
Car Pool	7 563 46	4 089 02	3 474 44	3 450 88	23 56
Training Personnel	817 99	817 99	---	---	---
Southeastern Lakeville	2 335 48	2 335 48	---	---	---
Northeastern	1 785 42	1 785 42	---	---	---
Fitchburg Central	3 011 33	3 011 33	---	---	---
Nursing	6 673 79	6 646 10	27 69	27 69	---
Tuberculosis Administration	74 250 61	58 391 43	15 859 18	15 797 02	62 16
Biologic Laboratory	3 070 00	3 070 00	---	---	---
Diagnostic Laboratory	7 080 00	7 080 00	---	---	---
Nashoba Health Unit	350 00	350 00	---	---	---
Boston Health Department	7 736 16	1 454 16	6 282 00	6 282 00	---
Lowell Health Department	3 375 88	3 098 36	277 52	277 52	---
New Bedford Health Department	3 685 06	3 141 37	543 69	543 69	---
Cambridge City Hospital	2 914 21	2 591 77	322 44	222 44	---

ACCOUNT NUMBER - NAME	1956 APPROPRIATION	1956 EXPENDITURE	1956 BALANCE	ENCUMBERED	UNEINCUMBERED BALANCE
<u>Hampden County</u>					
Fall River Board of Health	1 089 52	1 089 52	---	---	---
Lowell Health League	647 59	647 59	---	---	---
Group Insurance	95 88	95 88	---	---	---
TOTAL	589 62	---	589 62	589 62	---
4222-00-00 FED GR WATER POLLUTION CONT	132 046 49	104 603 88	27 442 61	27 356 59	86 02
4223-00-00 FED GR HEART DISEASE CONTROL					
<u>Central Administration</u>					
Health Information	475 84	179 33	296 51	69 45	227 06
Training Personnel	3 888 64	3 782 39	106 25	93 43	12 82
Heart Disease Control	500 00	500 00	---	---	---
Nashoba Health Unit	25 062 36	21 613 28	3 449 08	3 311 88	137 20
Group Insurance	200 00	150 00	50 00	---	50 00
TOTAL	97 00	---	97 00	79 35	17 65
4225-00-00 FED GR CR CHILDREN RES B	30 223 84	26 225 00	3 998 84	3 554 11	444 73
<u>Training Personnel</u>					
Rheumatic Fever	9 750 00	9 000 00	750 00	750 00	---
TOTAL	2 341 24	1 718 89	622 35	607 50	14 85
4226-00-00 FED GR MAT & CHILD HEALTH RES B	12 091 24	10 718 89	1 372 35	1 357 50	14 85
<u>Training Personnel</u>					
Carbohydrate Metabolism	208 156 18	164 202 48	43 953 70	37 590 98	6 362 72
Group Insurance	66 745 84	54 515 75	12 230 09	12 230 09	---
TOTAL	75 00	---	75 00	62 10	12 90
4228-00-00 FED GR MED FACILITIES SUR & PLAN	274 977 02	218 718 23	56 258 79	49 883 17	6 375 62
<u>Medical Facilities Survey & Planning</u>					
Group Insurance	29 789 00	10 085 27	19 703 73	---	19 703 73
TOTAL	70 00	---	70 00	---	70 00
4230-00-00 FED GR WATER POLLUTION RESEARCH	29 859 00	10 085 27	19 773 73	---	19 773 73
4231-00-00 FED GRANT POLIO RESEARCH					
	19 92	16 00	3 92	---	3 92
4233-00-00 FED GR NEUROSYPHILIS STUDY	12 650 00	8 888 81	3 761 19	---	3 761 19
4234-00-00 FED GR FOREIGN OPERATION ADMIN	92 81	---	92 81	---	92 81
	222 310 25	107 916 92	114 393 33	---	114 393 33

ACCOUNT NAME - DATE	1956 APPROPRIATION	1956 EXPENDITURE	1956 BALANCE	ENCUMBERED	UNENCUMBERED BALANCE
6160-01-00 BLOOD RESEARCH	3 991 68	1 917 17	2 074 51	---	2 074 51
6167-01-00 KIDNEY RESEARCH TRUST FUND					
Central Administration	1 135 00	1 208 64	526 36	---	526 36
Health Information	1 225 00	544 71	680 29	---	680 29
Training Personnel	12 950 91	10 418 07	2 532 84	---	2 532 84
Group Insurance	24 15	---	24 15	---	24 15
TOTAL	15 935 06	12 171 42	3 763 64	---	3 763 64
6168-01-00 KIDNEY HOME & CLOTHING FUND					
Central Administration	36 554 42	20 799 14	15 755 28	---	15 755 28
Group Insurance	101 00	---	101 00	---	101 00
TOTAL	36 655 42	20 799 14	15 856 28	---	15 856 28
6169-01-00 WOOD CHILD ASSISTANT FUNDATION					
Central Administration	11 773 14	6 741 51	5 031 63	---	5 031 63
Group Insurance	20 70	---	20 70	---	20 70
TOTAL	11 793 84	6 741 51	5 052 33	---	5 052 33
6170-01-00 WOOD FUND FOR CHILD EXPERIMENT	2 025 07	956 36	1 068 71	---	1 068 71
GRAND TOTAL - FUND C & OTHER GRANTS	1 672 451 25	1 202 568 13	469 883 12	161 371 94	308 511 18

THE PRINCIPAL FINANCIAL ITEMS OF
THIS REPORT ARE IN AGREEMENT
WITH THE COMPTROLLER

Nov. 29, 1956 *L. A. Burke*
COMPTROLLER

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

44th Annual Report
June 30, 1958

Commissioner of Public Health, Roy F. Feemster, M.D., Dr.P.H.

PUBLIC HEALTH COUNCIL

Roy F. Feemster, M.D., Dr.P.H., Chairman

Gordon M. Fair, B.S., Dr.Ing., 1956-62 Raymond L. Mutter, 1947-59
William H. Griffin, D.M.D., 1945-57 Conrad Wesselhoeft, M.D., 1953-60
Paul J. Jakmauh, M.D., 1949-61 Charles F. Wilinsky, M.D., 1946-64
Florence L. Wall, Secretary

BUREAU OF ADMINISTRATION

Division of Administration Harry W. Attwood, Director
Division of Health Information Anthony V. Caramello, M.P.H., Director
Division of Training Dwight C. Monnier, Ed.D., Director

BUREAU OF HEALTH SERVICES

Robert E. Archibald, M.D., M.P.H., Bureau Chief

Division of Local Health Services Robert E. Archibald, M.D., M.P.H.,
Director and Deputy Commissioner
Division of Maternal and Child
Health Services Sallie Saunders, M.D., Director

BUREAU OF HOSPITAL FACILITIES

A. Daniel Rubenstein, M.D., M.P.H., Bureau Chief

Division of Hospital Facilities A. Daniel Rubenstein, M.D., M.P.H.,
Director

BUREAU OF PREVENTIVE DISEASE CONTROL

Herbert L. Lombard, M.D., M.P.H., Bureau Chief

Division of Cancer and Chronic
Diseases Herbert L. Lombard, M.D., M.P.H.,
Director
Division of Communicable Diseases Roy F. Feemster, M.D., Dr.P.H., Director
Division of Venereal Diseases Nicholas J. Flumara, M.D., M.P.H.,
Director
Division of Dental Health William D. Wellock, D.M.D., M.P.H.,
Director
Division of Alcoholism James B. Moloney, M.D., Director

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BUREAU OF ENVIRONMENTAL SANITATION
Worthen H. Taylor, B.S., Bureau Chief

Division of Sanitary Engineering Worthen H. Taylor, B.S., Director

Division of Food and Drugs George A. Michael, B.S., Director

BUREAU OF TUBERCULOSIS CONTROL
William H. Weidman, M.D., Bureau Chief

Division of Sanatoria and William H. Weidman, M.D., Director
Tuberculosis

BUREAU OF INSTITUTE OF LABORATORIES
Johannes Ipsen, M.D., M.P.H., Bureau Chief

Division of Biologic Laboratories James A. McComb, D.V.M., Director

Division of Diagnostic Robert A. MacCready, M.D., Director
Laboratories

District Health Officers under Division of Local Health Services

Southeastern District Grace E. Lutman, M.D.
Lakeville State Sanatorium
Middleboro

Northeastern District Frederick A. Dunham, M.D.
North Reading State Sanatorium
North Wilmington

Central District Arthur E. Burke, M.D.
Rutland State Sanatorium
Rutland

Western District Walter W. Lee, M.D.
University of Massachusetts
Amherst and
246 North Street, Pittsfield

Institutions under Division of Sanatoria and Tuberculosis

Lakeville State Sanatorium	Harry A. Clark, M.D., Superintendent
North Reading State Sanatorium	Clair W. Twinam, M.D., Superintendent
Rutland State Sanatorium	Paul Dufault, M. D., Superintendent
Westfield State Sanatorium	Wilson W. Knowlton, M.D., M.P.H., Supt.
Pondville Hospital	George L. Parker, M.D., Superintendent
Lemuel Shattuck Hospital	William H. H. Turville, M.D., Supt.
Massachusetts Hospital School	John J. Carroll, M.D., Superintendent

ANNUAL REPORT OF PUBLIC HEALTH COUNCIL

Roy F. Feemster, M.D., Chairman

Herewith is submitted the annual report of the Public Health Council for the fiscal year ending June 30, 1958.

Meetings

Regular monthly meetings were held in accordance with General Laws, Chapter 17, Section 3. The meeting of September 10, 1957, was held at Harwichport and was in part a joint meeting with the New England Interstate Water Pollution Control Commission.

In addition, special meetings were held as occasion necessitated. Recognizing the fact that local health and hospital authorities appreciate efforts on the part of State officials to visit their facilities, the Council on September 11, 1957, met at the Cape Cod Hospital, Hyannis. The Administrator and the President of the Board of Trustees showed the work carried on at this 113-bed hospital, which serves all of Barnstable County from Provincetown to Falmouth and Bourne. All sections of the Hospital were visited, including surgical, maternity and pediatric wards, x-ray and therapy facilities, the kitchen and other service units, the unusually well-equipped and spacious laboratory, and the out-patient department. The Hospital officials outlined their plans for a comprehensive survey of public health services and facilities in Barnstable County with a view to determining needs and future expansion.

Another special meeting was held on October 24, 1957, to consider the legislation which the Department would introduce into the 1958 Legislature and to act on applications from hospitals and homes for financial assistance under the Hospital Construction program. On December 10, 1957, the Council met in special session primarily to hear the appeal of a hospital from the Department's decision to revoke its license.

On June 16, 1958, the Council held a special meeting to hear the appeal of a hospital from the action of the State Advisory Council for the Administration of the Hospital and Medical Facilities Construction Act in refusing to approve an application for a grant of \$50,000 for the out-patient portion of the hospital.

The Committee on Environmental Sanitation, composed of Doctor Jakmauh, Chairman, Mr. Mutter and the Commissioner, has met regularly during the year prior to the regular Council meetings to study matters of sanitary significance and prepare recommendations for presentation to the full meeting of the Council.



General Duties

The regular duties imposed upon the Council by General Laws, Chapter 111, Section 3, and other statutes have been carried out. The licensure program includes the approval and licensing of hospitals, blood banks, convalescent and nursing homes, rest homes, public medical institutions, city and town infirmaries, dispensaries, and dental clinics; these approvals are based upon reports of inspections by Department representatives indicating that the facilities comply with the Department's minimum standards for licensure. Other duties include the certification of laboratories which have taken part in the annual evaluation carried on by the Institute of Laboratories and have demonstrated their ability to perform satisfactorily certain tests; approval of professional personnel in the Department and at State and County sanatoria; approval of contracts between Medical Milk Commissions and dairies for the production and sale of certified milk; approval of food regulations of local communities which submit them under General Laws, Chapter 94, Section 146; advice to communities and official agencies on sanitary problems of water supply, sewage disposal, nuisances and offensive trades, and the prevention of pollution of inland and tidal waters; and approval of out-of-state shellfish dealers which have been approved by their respective state authorities.

Contracts were approved and signed on behalf of the Commonwealth with the city of Fitchburg for the care of tuberculosis patients from that city at Rutland State Sanatorium; and with the Geological Survey, United States Department of the Interior, for investigation of water resources and stream gauging work.

An agreement between the town of Brookline and the County Commissioners of Norfolk County for care of tuberculosis patients from Brookline at the Norfolk County Hospital was approved for a period of three years.

Special Matters

At the request of the State Auditor, in August, 1957, the Council adopted a standard policy concerning leaves of absence for patients in the Department's institutions to visit their homes for short periods of time, when it was decided that, for the maintenance of patients' morale and to assist them to make satisfactorily the transition from the sheltered environment of a hospital to their homes, short leaves of absence from institutions be granted, and since a bed reserved for a particular patient cannot be used by anyone else, the patient, or the agency financially responsible for his care, be charged as though he had actually remained at the institution, for leaves of absence not in excess of the following:

Lakeville State Sanatorium	- 5 days
Lemuel Shattuck Hospital	- 2 days
Massachusetts Hospital School	- 6 days
Rutland State Sanatorium	- 5 days

In March, 1958, at the suggestion of the Superintendent of the Westfield State Sanatorium an honorary Board of Consultation was approved for this Sanatorium which will include automatically from the Sanatorium's visiting and consulting staffs all past members who, for any reason except disciplinary dismissal, are no longer on active service there, and all such present and future staff members when they are no longer on active service.

A pilot study by the Neurological Service of the Lemuel Shattuck Hospital of standard methods of treatment and rehabilitation of hemiplegic patients who have suffered cerebral vascular accidents to determine which methods are efficacious and should be retained, to be carried out under a grant from the National Institute of Health, was approved.

The matter of the use of biphenyl as a preservative on citrus fruits, which was disapproved on December 11, 1956, was considered at great length at several meetings during the year. Finally, on May 13, 1958, the Chairman reported on his conferences with representatives of various laboratories which indicated no possible danger of toxicity or carcinogenicity from the use of this product. Based on the results of these studies the action of December 11, 1956, was revoked, and since there appears to be no health hazard at present that can be determined to be connected with the use of biphenyl on citrus fruits, its use as a preservative with a tolerance of not more than 50 parts per million in any portion of the fruit was approved, with the understanding that retailers be instructed to aerate biphenyl-treated oranges prior to sale and to label the same properly when on display.

On November 19, 1957, the use of 2-4-Dichlorophenoxy Acetic Acid as a preservative on lemons, with a tolerance of 4 parts per million, was approved, and the use of Sodium Dimethyldithiocarbamate as a preservative on cantaloupes, with a tolerance of 5 parts per million, was approved.

Investigations by the Food and Drug Laboratory of the Department having shown that the paint on some toys made in Japan contained sufficient lead to cause lead poisoning possibly, the Council on October 8, 1957, in accordance with a recommendation of the Toy Guidance Council, directed the Department to issue a statement advising retailers that toys containing paint with more than 3 per cent lead should not be sold since experience has shown that a lead content of over this percentage is poisonous.

The establishment of a reciprocal laboratory approval program with neighboring New England States was given considerable attention during the year and many conferences were held with Rhode Island authorities. In May, 1958, the New England Control Laboratory in Providence, Rhode Island, was approved, and as the year closed the Division of Food and Drugs was prepared to engage with other states in a program of inspection of dairy laboratories examining milk to be shipped into Massachusetts.



The new program of licensure authorized by Chapter 298 of the Acts of 1957, the so-called "Pound Act", went into effect this year and licenses were issued to certain medical schools to obtain impounded animals from animal pounds in the Commonwealth for the purpose of scientific investigation, experiment or instruction, or for the testing of drugs or medicines.

Public Hearings

On December 10, 1957, the Council held a public hearing on the appeal of a hospital from the Department's decision to revoke its license.

On May 13, 1958, the Council heard the appeal of a nursing home from the action of a local board of health in refusing to grant a certificate of approval.

Under authority of Chapter 152 of the Acts of 1946 the Acting Director of the Division of Sanitary Engineering was delegated to conduct public hearings on the acquisition of lands for sewage treatment plants in Auburn, Longmeadow, Marshfield, Billerica and Acushnet; on the acquisition of land for the protection of the public water supplies of Marshfield and North Andover; on rules and regulations to control the use of fluoroscopic shoe-fitting machines; relative to the assignment by local boards of health of refuse disposal areas in Beverly and North Andover, and a cemetery in Woburn; on complaints of atmospheric pollution caused by an industrial plant and the municipal dump in Woburn; and relative to an alleged nuisance caused by the operation of a piggery in Medway.

Similarly, the Director of Hospital Facilities held hearings on rules and regulations for the licensing of convalescent or nursing homes, for the licensing of rest homes, and relative to the procurement of impounded animals from animal pounds.

The information presented at hearings held by Division Directors was presented to subsequent meetings of the Council for action.

Regulations

At a meeting on August 13, 1957, Standards for Cacao Products were approved and adopted under authority of General Laws, Chapter 94, Section 192.

On the same date rules and regulations relative to the control of fluoroscopic shoe-fitting machines were approved by the Public Health Council under authority of Chapter 595 of the Acts of 1956, and submitted to the Governor and Council for approval.

Revised rules and regulations for the licensing of convalescent or nursing homes and revised rules and regulations for the licensing of rest homes were approved on December 3, 1957, to become effective January 1, 1958.

On December 10, 1957, regulations relative to the procurement of impounded animals from animal pounds for the purpose of scientific investigation, experiment or instruction or for the testing of drugs or medicines, formulated under the provisions of Chapter 298 of the Acts of 1957, were approved, to take effect January 1, 1958.

On December 10, 1957, the Rules and Regulations promulgated by the Director of the Division of Marine Fisheries relative to Permits and Certificates issued by the Division, and to the Condition and Operation of Establishments and Vessels where Fish, Shellfish or Crustacea are Stored, Processed or Packed were approved, as required by General Laws, Chapter 130, Sections 46, 75, 80 and 89.

Legislative Reports

Reports prepared by the Department were approved by the Council and filed with the Legislature under authority of various resolves, as follows:

Relative to radioactive materials, under Chapter 106 of the Resolves of 1957;

Relative to the elimination or control of submerged weeds in certain great ponds, under Chapter 28 of the Resolves of 1955;

Relative to the spread and means of control of equine encephalitis, under Chapter 37 of the Resolves of 1957;

Relative to the sanitary conditions of the Aberjona River and the Mystic Lakes in the cities of Medford and Woburn and the towns of Arlington, Burlington, Reading, Stoneham, Winchester and Wilmington, under Chapter 140 of the Resolves of 1957.

Hospital Survey and Construction

The 1958 annual revision of the Massachusetts State Plan for the Hospital and Medical Facilities Survey and Construction Act was approved by the Council on October 24, 1957.

During the fiscal year approval was given to applications from the following hospitals and other facilities for financial assistance from Federal funds allotted to the Commonwealth by the Surgeon General of the Public Health Service under this Act, including the Wolverton Amendment of 1956 which permits allotments to nursing homes and boarding homes for the aged; in some instances the following

represents additional grants given because of increased cost of construction as evidenced by the bids received or because it was found on further investigation that the facility was eligible for additional funds, and certain grants were to aid in providing diagnostic service:

Kennedy Memorial Hospital, Brighton
Newton-Wellesley Hospital, Newton
Stephen Caldwell Memorial Home, Ipswich
Worcester City Hospital, Worcester
Mount Auburn Hospital, Cambridge
Jordan Hospital, Plymouth
St. Anne's Hospital, Fall River
William B. Rice Eventide Home, Quincy
Suburban Hospital, Wilbraham
Holyoke Hospital, Holyoke
Leominster Hospital, Leominster
Wesson Memorial Hospital, Springfield
Worcester City Hospital, Worcester
Addison Gilbert Hospital, Gloucester
St. Joseph's Hospital, Lowell
Mount Auburn Hospital, Cambridge
Waltham Hospital, Waltham
Providence Hospital, Holyoke
Union Hospital, Fall River
Jordan Hospital, Plymouth
Harrington Memorial Hospital, Southbridge
Armenian Nursing Home, Boston
Allerton Hospital, Brookline

On May 13, 1958, the Council voted to raise from \$250,000 to \$300,000 the maximum of grants to hospitals which had not previously received allotments, and to approve allotments up to \$250,000 for second grants to hospitals with A or B priority.

Personnel

Upon appointment by His Excellency Governor Foster Furcolo, Dr. Roy F. Feemster on June 5, 1958, assumed the position of Commissioner of Public Health and, therefore, under the provisions of General Laws, Chapter 17, Section 3, became ex officio Chairman of the Public Health Council.

Dr. Charles F. Wilinsky of Brookline was appointed by Governor Furcolo to his third consecutive term as Public Health Council Member, effective May 1, 1958.

At the close of the fiscal year, June 30, 1958, the membership of the Public Health Council was as follows:

Roy F. Feemster, M.D., Chairman
Raymond L. Mutter, 1947-59
Conrad Wesselhoeft, M.D., 1953-60
Paul J. Jakmauh, M.D., 1949-61
Gordon M. Fair, B.S., Dr.ing., 1956-62
William H. Griffin, D.M.D., 1945-57
Charles F. Wilinsky, M.D., 1946-64



On January 7, 1958, Dr. William H. Griffin was honored by the Massachusetts Dental Society as the "Dentist of the Year" and presented a formal citation in recognition of his forty-seven years' work in dentistry. At its meeting on January 14, 1958, the Public Health Council passed the following vote:

That the Public Health Council record in the minutes of today's meeting its recognition of the honor given to one of its members, William H. Griffin, D.M.D., by the Massachusetts Dental Society in naming him as the "Dentist of the Year" for his outstanding and crusading work in dentistry for forty-seven years.

Acceptance of Report

At a meeting of the Department on November 13, 1958, the Commissioner presented to the Council a report of the Department of Public Health for the fiscal year 1958, and it was voted that the report, together with the foregoing brief summary of the activities of the Public Health Council, be approved and adopted as the report of the Department of Public Health for the fiscal year 1958.

FORTY-FOURTH ANNUAL REPORT OF THE COMMISSIONER OF PUBLIC HEALTH

To the Public Health Council:

Gentlemen:

I have the honor to submit the forty-fourth annual report of the Department of Public Health, for the fiscal year ending June 30, 1958.

During the greater portion of the period of this report, Dr. Samuel B. Kirkwood was Commissioner of Public Health. On June 5, 1958, Dr. Roy F. Feemster was appointed by His Excellency Governor Foster Furcolo to the position of Commissioner in place of Doctor Kirkwood whose term had expired.

BUREAU OF ADMINISTRATION

Regular weekly staff conferences were held by the Commissioner with the Bureau Chiefs. On the first Monday of each month all Division Directors were included in these conferences to discuss Departmental policies and administrative procedures formulated by the Commission on Administration and Finance. Quarterly conferences were held by the Commissioner with Division Directors, Section Heads, District Health Officers, Institution Superintendents, and other key personnel of the Department. A half-day meeting for the entire Department staff was held at the State House on December 5, 1957.

The Commissioner continued his policy of visiting each of the District Health Offices and the Department's hospitals and sanatoria during the year. In addition to discussion of current problems with the District staffs and the institution staffs, one purpose of these visits this year was a critique of Civil Defense Operation Alert 1957; the entire exercise was considered from the standpoint of intelligence, communications, supplies and assignment of personnel in civil defense.

In compliance with the annual request of the Surgeon General, Governor Furcolo authorized the Commissioner to attend the Annual Conference of State Health Officers with the Surgeon General of the Public Health Service and with the Chief of the Children's Bureau in Washington, and the Annual Meeting of the American Public Health Association in Cleveland.

Pakistan. The contract between the International Cooperation Administration, an agency of the Government of the United States, and the Commonwealth of Massachusetts terminated on December 31, 1957. In September, 1957, Commissioner Kirkwood spent two weeks in Pakistan conferring with representatives of the International Cooperation Administration relative to the phasing-out period of the contract. Amendment No. 1, became effective on January 1, 1958, and was designed to protect the rights of the personnel working in

Pakistan under the Massachusetts contract through August 30, 1960, but relieved the Commonwealth of any responsibility "for recruitment of personnel, provision of technical advice and assistance, or planning for or supervision of the Public Health Program of ICA in Pakistan." January 1, 1958 through August 30, 1960 is considered the phase-out period of the contract.

Medical Panels

Section 6, Chapter 32, of the General Laws, authorizes the Commissioner of Public Health to appoint chairmen of medical panels to review applications from and examine State and municipal employees applying for disability retirements. The chairman of each panel, insofar as is possible, must be a physician skilled in the particular branch of medicine or surgery upon which the applicant bases his application for disability retirement. The other two members of the panel are selected by the applicant and by the local retiring authority.

During the year covered by this report 724 new applications were received and processed. This is a drop of 67 cases from the preceding year and is the lowest number of new applications in any one year since the law giving the Department this responsibility went into effect in 1951. However, because of the inability or refusal of one or more panel members to serve, 52 of these 724 applications had to be processed twice, 8 were processed three times, 2 five times, and one had to be processed six times before the panel could be completed. This adds considerably to the work involved in carrying out this law.

In addition to medical panels for applicants for disability retirement, upon application by the widow of a firefighter or policeman and certain other employees whose work involves considerable risk, the Department under General Laws, Chapter 32, Section 89, is authorized to designate the third member of a board to determine whether or not the death of said employee was the result of an injury received in the performance of his duty. These requests amount to something over 50 per year.

Rating Board

As Chairman of the State Police Retirement Rating Board, created by General Laws, Chapter 32, Section 6, the Commissioner presided at hearings and interviewed three applicants from the uniformed branch of the State Police applying for retirement because of illness or injury received in line of duty. After examination of the applicants and a review of their records, the three were recommended by the Rating Board for disability retirement.

State Police Detective Lieutenants upon reaching the age of fifty-five, or completing twenty years of service, must have an annual physical examination to determine their fitness to continue working to the compulsory retirement age of sixty-five. In this group ten were examined this year by the Rating Board and were found to be physically fit to continue for another year.

Approving Authority

The Approving Authority for Medical Schools, consisting of the Secretary of the Board of Registration in Medicine, the Commissioner of Public Health, an osteopathic member of the Board of Registration, and a layman, held hearings to determine the medical schools whose graduates are eligible for registration to practice medicine in Massachusetts. This year the Royal College of Surgeons, Dublin, Ireland, was added to the list of approved schools.

The Farren Memorial Hospital, Montague, was added to the list of approved schools of medical technology, under the provisions of Chapter 759 of the Acts of 1955.

Chapter 655 of the Acts of 1957 created an Approving Authority for Schools for X-ray Technicians. This Authority consists of the members of the Approving Authority for Medical Schools as outlined above and three additional members, one of whom must be a radiologist who is a member of the Section on Radiology of the Massachusetts Medical Society, one a member of the Massachusetts Hospital Association, and one a certified X-ray technician. The members of this board were appointed during the year, and the first meeting is planned for early in the next fiscal year.



FISCAL SECTION

BUDGET 1957-1958DEPARTMENT - MAINTENANCE

<u>AL</u>	<u>Total</u> <u>Budget</u>	<u>Per</u> <u>Capita</u>	<u>Total</u> <u>State</u>	<u>Per</u> <u>Capita</u>	<u>Total</u> <u>Federal</u>	<u>Per</u> <u>Capita</u>
	\$6,421,302.63	\$1.30	\$4,431,177.47	.90	\$1,990,125.16	.40

INSTITUTIONS - MAINTENANCE

<u>Fiscal Year</u>	<u>State Funds</u>	<u>Per Capita</u>
1958	\$10,315,881.00	\$2.08

GRAND TOTAL - DEPARTMENT AND INSTITUTIONS

<u>al</u>	<u>Total</u> <u>Budget</u>	<u>Per</u> <u>Capita</u>	<u>Total</u> <u>State</u>	<u>Per</u> <u>Capita</u>	<u>Total</u> <u>Federal</u>	<u>Per</u> <u>Capita</u>
	\$16,737,183.63	\$3.38	\$14,747,058.47	\$2.98	\$1,990,125.16	.40

DEPARTMENT EXPENDITURES 1957 - 1958

	<u>TOTAL</u>	<u>STATE</u>	<u>FEDERAL & PRIVATE</u>
Commissioner's Salary	\$14,000.00	\$14,000.00	
Administration	354,594.13	191,456.56	163,137.57
Planning and Research	419,101.27		419,101.27
Environmental Sanitation	862,826.34	783,075.79	79,750.55
Special Projects	89,292.07	7,532.07	81,760.00
Preventive Disease Control	1,173,625.63	1,079,408.33	94,217.30
Polio Vaccine Program	437,403.69	437,403.69	
Polio Surveillance Program	12,794.06		12,794.06
Influenza Diagnostic	28.84		28.84
Encephalitis Study	17,024.31	17,024.31	
Health Services	915,087.40	538,719.20	376,368.20
Hospital Facilities	126,364.53	117,376.91	8,987.62
Tuberculosis Control	218,469.82	162,266.59	56,203.23
Reimbursement to Cities & Towns for T. B. Patients	335,892.91	335,892.91	
Institute of Laboratories	685,666.39	667,225.07	18,441.32
State Employees Group Insurance	5,394.32		5,394.32
Construction	18,523.49	18,523.49	
Grants-In-Aid	22,875.60		22,875.60
TOTALS	<u>\$5,708,964.80</u>	<u>\$4,369,904.92</u>	<u>\$1,339,059.88</u>

Regulations

The following rules and regulations have been promulgated by the Department and are still in effect:

Distribution of biologic products

Adopted 4/9/35; amended 5/14/40; 1/11/49; 12/15/53

Sale of surplus biologic products

Adopted 4/12/49; amended 4/15/53

Use of blood or other tissues for purposes of transfusion

Adopted 1/10/39; amended 4/10/39; 10/7/41; 11/4/41; 9/14/48; 3/11/52; 6/12/56

Cancer clinics and service unit values

Adopted 8/10/26; amended 6/14/27; 3/13/28; 1/5/35; 9/14/43; 10/5/43; 11/1/43; 12/14/43; 4/11/44; 1/14/47; 10/18/55

List of diseases dangerous to public health

Adopted 1907; amended 12/15/14; 12/14/15; 2/16/17; 4/3/17; 12/18/17; 10/29/18; 11/18/20; 12/8/21; 9/18/28; 6/11/35; 12/10/35; 11/10/36; 2/14/39; 5/1/41; 5/12/42; 4/14/43; 10/5/43; 12/14/43; 1/11/44; 11/3/48

Diseases declared to be dangerous to the public health and reportable

Adopted 1907; amended 12/15/14; 12/14/15; 2/16/17; 4/3/17; 12/18/17; 10/29/18; 11/18/20; 12/8/21; 9/18/28; 6/11/35; 12/10/35; 11/10/36; 2/14/39; 5/1/41; 5/12/42; 4/14/43; 10/5/43; 12/14/43; 1/11/44; 11/3/48

Isolation and quarantine requirements of diseases declared to be dangerous to public health

Adopted 8/9/38; amended 5/13/41; 1/11/44; 11/3/48; 8/12/52

Transportation of bodies dead of diseases dangerous to public health

Adopted 7/12/38; amended 8/9/38; 2/14/39

Funerals of persons dead of any disease dangerous to public health

Adopted 8/9/38; amended 5/13/41; 1/11/44

Procurement of impounded animals from animal pounds for purpose of scientific investigation, experiment or instruction, or for the testing of drugs or medicines

Adopted 12/10/57

Cremation

Adopted 12/5/07; amended 10/29/18

Treatment of persons exposed to rabies

Adopted 8/10/37; amended 5/13/41

Approval of bacteriological and serological laboratories

Adopted 9/12/39

Use of a common drinking cup

Adopted 3/22/16

Use and concerning the providing of a common towel

Adopted 12/16/15; Amended 3/22/16



Approval of lodging houses
Adopted 7/6/05

Barbering and barber shops
Approved 12/6/49

Cross connections between public water supplies and fire and
industrial water supplies
Adopted 2/9/37; amended 5/12/42; 10/9/51

To prevent pollution or contamination of any or all of the lakes,
ponds, streams, tidal waters and flats within the Commonwealth or
of the tributaries of such tidal waters and flats
Adopted 8/14/45; amended 10/14/45

Supervision of plumbing
Adopted 6/11/35; amended 8/6/40; 1/10/50; 5/8/56

Minimum standards of fitness for dwellings
Adopted 12/6/49; 3/8/55

Operation of plants for the purification of shellfish
Adopted 6/5/28; amended 10/7/41

Enrichment of flour, white bread and rolls
Adopted 11/3/48

Establishing grades of milk
Adopted 5/8/35; amended 11/17/48; 6/12/56

Egg Nog
Adopted 6/12/56

Flavored milk
Adopted 6/12/56

Fortified non-fat milk, Half and half, standardized milk
Adopted 7/10/56

Cottage cheese
Adopted 7/10/56

Mayonnaise, mayonnaise dressing, mayonnaise salad dressing,
salad dressing, french dressing
Adopted 7/10/56

Fruit butter, fruit jelly, preserves and jams
Adopted 7/10/56

Sale of rabbits intended for food purposes
Adopted 5/14/29

Governing the business of cold storage, made under the provisions
of General Laws, Chapter 94, Section 67
Adopted 10/10/33

Sterilization of feathers, down and secondhand materials intended
for use in the manufacture of articles of bedding and upholstered
furniture
Adopted 11/12/35

Making of each article of bedding and upholstered furniture
Adopted 12/10/30; amended 11/12/35

Manufacture and bottling of carbonated non-alcoholic beverages,
soda water, mineral and spring water
Adopted 11/12/35; amended 4/7/36

Uncarbonated fruit beverages
Adopted 5/8/36

Business of slaughtering and meat inspection
Adopted 7/9/31; amended 12/10/35; 9/14/43

Poultry slaughterhouses
Adopted 9/14/43; amended 8/6/46

Approval of contracts for the production and distribution of
certified milk
Adopted 10/14/36

Frozen desserts and ice cream mix
Adopted 9/11/34; 5/8/56

Bakeries and bakery products
Adopted 2/14/33; amended 1/10/50

Definition of "pasteurized milk"
Adopted 7/8/41; amended 11/4/41; 6/15/50

Establishments for pasteurization of milk
Adopted 2/12/35; amended 6/15/50; 10/20/53; 6/12/56

Standards and definitions of purity and quality of food
Adopted 2/9/37; amended 5/8/56

Pork products intended to be eaten without cooking
Approved 2/12/24

Dietic foods
Adopted 5/12/53

Cacao products
Adopted 8/13/57

Licensing of Hospitals and Sanatoria
Adopted 4/14/42; amended 2/9/43; 12/14/43; 3/14/50

Licensing of rest homes
Adopted 11/3/48; amended 12/3/57

Licensing of convalescent and boarding homes
Adopted 11/3/48; amended 12/3/57

Dispensary License
Adopted 1/12/19; amended 5/13/19; 5/10/38

Dental clinic license
Adopted 8/10/43

General Rules for Police Station Houses, Lock-ups, Houses of Detention,
Jails, Houses of Correction, Prisons and Reformatories
Adopted 1910; amended 4/8/30; 6/15/48

To establish standards for tuberculosis hospitals and sanatoria
Adopted 6/14/27; amended 6/5/28; 8/12/32; 1/17/39; 5/10/38; 10/21/48

Obtaining state subsidy
Adopted 5/11/20; amended 6/5/28; 2/14/33; 3/13/34

Minimum requirements for tuberculosis dispensaries as defined by the
Department of Public Health
Adopted 4/6/15; amended 7/11/16; 11/7/19; 7/14/25; 4/11/33

Active tuberculosis and methods of determining it in certifications
made by boards of health and physicians
Adopted 12/11/56

Responsibility of Superintendent or director of a tuberculosis
hospital
Adopted 5/14/57

Minimum requirements for uniform dispensary record system
Adopted 7/14/25

Governing the hospitalization of patients with chronic rheumatism
Adopted 5/8/45

Reporting and control of venereal diseases
Adopted 12/18/17; amended 5/12/18; 6/11/18; 3/11/19; 11/12/23;
10/1/25; 10/8/29; 1/14/30; 1/14/36; 8/9/38; 4/11/44; 11/3/48

Treatment of persons suffering from venereal diseases who are
unable to pay for private medical care
Adopted 2/14/33; amended 8/10/37; 8/9/38; 9/12/39; 11/6/40;
4/13/48; 11/3/48

Issuance of premarital medical certificates
Adopted 4/11/50

Approved prophylactic remedy for use in the eyes of infants at
birth
Adopted 5/12/36

Physical examination of school children
Adopted 3/11/52; amended 8/25/53; 3/9/54; 2/14/56

Labeling of receptacles containing Benzol (Benzene), Carbon Tetra-
chloride and other harmful substances (approved jointly with
Department of Labor and Industries)
Adopted 6/12/56

Regulations promulgated by Director of Marine Fisheries
Approved for sanitary requirements 4/13/42; 12/10/57

Recommendations for 1959 Legislation

Following is the legislation to be submitted to the General Court by the Department for the next session:

1. AN ACT FURTHER REGULATING METHODS OF HANDLING AND DISPOSING OF RADIOACTIVE MATERIALS. The General Laws, Chapter 111, Section 5B, was inserted by Chapter 335 of the Acts of 1955 to authorize the Department of Public Health to adopt rules and regulations relative to the transportation, storage, packaging, sale, distribution, production, and disposal of radioactive materials. Such rules and regulations would become effective upon publication in a newspaper in each county. Subsequent experience has indicated the need to control not only ionizing radiation materials but all ionizing radiation, not only from radioactive materials but also that produced by x-ray and other ionization radiation emitting machines.

The suggested legislation would include an authorization to adopt rules and regulations to cover the entire field of ionizing radiation hazards.

The present Section 5B requires that rules and regulations be published in each and every county of the state before they would become effective in any one county. The estimated cost of publication of such rules and regulations in a newspaper in each county in the commonwealth is in excess of \$10,000; the exact amount depending upon the length of the rules and regulations adopted. Such expenditure can not be justified for this purpose and is unnecessary under the provision of Section 5 of Chapter 30A of the General Laws. Chapter 30A of the General Laws establishes an administrative procedure when no other procedure is established under the specific act authorizing the adoption of rules and regulations.

The present requirement that nothing in the rules and regulations shall be inconsistent with those now or hereafter established by the National Bureau of Standards would be deleted. The recommendations contained in handbooks published by the U. S. Dept. of Commerce, National Bureau of Standards, are the result of the best thinking of the National Committee on Radiation Protection and Measurement and the International Commission on Radiological Protection. These committees consist of representatives of industry, medical societies, and interested governmental agencies (such as the U. S. Atomic Energy Commission, the military forces and the U. S. Public Health Service) having concern with such matters. These recommendations may conceivably be more restrictive to industrial development under certain ideal conditions than may be necessary for the protection of the public health.

The Department is of the opinion that the recommendations of the NCRPM should be used as guides; but the Department should not be restricted in the rules and regulations it may adopt to the extent that atomic energy development in Massachusetts would



be unduly hampered by standardized regulation that may not allow full use of our natural resources without health hazard. A statement is included in the proposed act that the rules and regulations shall be consistent with the best use of radiation machines and radioactive materials to accomplish the greatest public good. This would limit the rules and regulations to that which was essential, reasonable, and compatible with the expanding atomic industry and good public health practice. Assurance is given to the practitioners of the healing arts of freedom to prescribe the kind and amount of radiation which may intentionally be applied for diagnostic and therapeutic purposes.

2. AN ACT PROVIDING THAT RULES AND REGULATIONS PRESCRIBED BY THE DEPARTMENT OF PUBLIC HEALTH RELATIVE TO THE CONTROL OF ATMOSPHERIC POLLUTION SHALL TAKE EFFECT UPON THE FILING THEREOF WITH THE STATE SECRETARY UNLESS OTHERWISE SPECIFIED BY SAID DEPARTMENT. The Department of Public Health is authorized by General Laws, Chapter 111, Section 142A, to prescribe and establish minimum rules and regulations to prevent pollution or contamination of the atmosphere. Such rules and regulations become effective only by publication, or by posting if no paper is published, in each city or town. The cost of publication, or posting as necessary, would be prohibitive to make the rules and regulations effective throughout the commonwealth and is not warranted.

The proposed act is in accord with Chapter 30A, establishing an administrative procedure for the adoption of rules and regulations by state agencies. This adoption would result in a possible saving of many thousands of dollars at such time as rules and regulations are adopted.

3. AN ACT RELATIVE TO AQUATIC WEED AND ALGAE CONTROL. The department is introducing this bill to regulate the practice of the addition of chemicals to bodies of water for the control of aquatic flora and fauna. Such legislation would provide that the Department of Public Health license qualified operators in this field and would establish rules and regulations to control their activities.

4. AN ACT FURTHER DEFINING THE DUTIES OF THE COMMISSIONER OF PUBLIC HEALTH RELATIVE TO CERTAIN INSTITUTIONS UNDER THE CONTROL OF THE DEPARTMENT OF PUBLIC HEALTH. Sections 63 and 64 are being amended to include Pondville Hospital, Lemuel Shattuck Hospital, Massachusetts Hospital School and Tewksbury Hospital which at the present time are excluded. Section 64 at the present time states that the Commissioner shall have general supervision over only Rutland, North Reading, Lakeville and Westfield State Sanatoria.

5. AN ACT RELATIVE TO CERTAIN FUNDS OF PERSONS NOW OR FORMERLY UNDER THE SUPERVISION OF THE DEPARTMENT OF PUBLIC HEALTH. Section 65D and Section 65E are proposed to enable the Superintendents of the institutions to have legal authority for administering funds which may be deposited for any of the patients who would be physically or legally incapable of managing their own affairs.

Recently a "Francis X" received considerable attention and funds were contributed by many sympathetic persons to be used for his benefit. There is no legal authority at the present time which would permit the Superintendent of the Lakeville State Sanatorium to administer these funds.

As the Department becomes more involved with chronically ill patients who are incapable of physically administering their own business, some legal means must be made available to the various superintendents for being legally responsible for funds deposited for the patient's benefit.

6. AN ACT RELATIVE TO PAYMENT OF CLAIMS OF CITIES AND TOWNS FOR THE CARE OF TUBERCULOSIS CASES. The purpose of this proposed legislation is to give the Department more latitude in paying subsidies. The present law states - "No claim shall be allowed for a subsidy covering more than ten days prior to the date when the notice of the claim is received by the Department."

The larger cities and towns have no difficulty in meeting this requirement. Many of the smaller towns whose board of health changes frequently or is inexperienced very often do not meet these strict requirements. Consequently, it is necessary for them to go to the General Court to receive the subsidy which was due them because of the late filing of their claim.

7. AN ACT REQUIRING THAT A CERTIFICATE OF INSPECTION OF EGRESSES AND FIRE CONTROL FACILITIES BE FURNISHED TO THE DEPARTMENT OF PUBLIC HEALTH PRIOR TO THE ISSUANCE OR RENEWAL OF THE LICENSE OF AN AGENCY GIVING DAY CARE TO CHILDREN. The purpose of this proposed legislation is to extend inspection of egresses and fire control facilities to day care agencies and give them the same protection that hospitals and rest homes now enjoy.

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Legislation

The following legislation of particular interest to public health was passed by the 1957 and 1958 Legislatures and enacted into law:

Acts of 1957 (July 1 - September 24, 1957)

Chapter

- 539 - An act relative to examinations of certain persons for licenses as practical nurses.
- 545 - An act changing the designation of boarding home for the aged to rest home. This act definitely limits the designation "rest home" to what were formerly called "boarding homes for the aged". In the past some convalescent and nursing homes have been designating themselves as rest homes.
- 552 - An act permitting the sale, rental or use of certain lands no longer needed for public water supply purposes, and the granting of certain easements or rights over land so held. This legislation was recommended by the Department in its special report relative to the preservation of the purity of certain water supplies, made under Chapter 67, of the Resolves of 1954. With the establishment of new and more adequate sources of water supply from time to time for various communities, some of the older works and the lands connected therewith are no longer needed for public water supply. Chapter 552 permits the sale, rental or use of such lands with the approval of this Department.
- 581 - An act defining the words "garnetted clippings", "new" and "used" in connection with bedding and upholstered furniture and relating to the inspection thereof.
- 593 - An act authorizing inspectors of drugs in the Department of Public Health to carry firearms and to make arrests. The Department's inspectors assigned to investigate violations of laws relative to narcotics and harmful drugs are now given powers of authority of police officers and permitted to carry revolvers, clubs, handcuffs and other paraphernalia necessary for their protection and the enforcement of the laws.
- 595 - An act to regulate the practice of nursing. This law provides for the licensing of professional and practical nurses. With certain exceptions, it prohibits the practice of professional nursing by anyone not a registered nurse and the practice of practical nursing by anyone not a licensed practical nurse, and establishes minimum standards which must be met to qualify for a license to practice.
- 599 - An act authorizing the establishment of local or district practical nurse training schools and providing for contributions towards the cost thereof by the Commonwealth.



- 604 - An act relative to the keeping of records by hospitals, dispensaries or clinics, and sanatoria.
- 613-- An act further defining renewal and redevelopment projects, relating to the approval of such projects by the housing board, and increasing the indebtedness a city or town may incur for housing, redevelopment and renewal projects.
- 655 - An act requiring schools for the training of medical x-ray technicians to be approved by the Approving Authority for Colleges and Medical Schools. Under this legislation this Authority is increased by three members, a member of the Massachusetts Hospital Association, a radiologist and an x-ray technician who meet certain qualifications.
- 660 - An act relative to the sale, possession and distribution of narcotic drugs. This law clarifies and strengthens the existing laws on narcotic drugs. It places the burden of proof on a defendant whenever he claims a defense because of a license or exemption; it provides severe penalties upon conviction and forbids probation or parole for second and subsequent offenses; it provides for suspension of the registration of a physician, dentist, veterinarian, nurse or pharmacist on conviction of a violation; it outlaws the use of heroin in Massachusetts; and makes Federal laws concerning narcotics effective at the State level.
- 673 - An act establishing a Board of Registration of Sanitarians. This new law defines the education and qualifications of a sanitarian and establishes a Board of Registration of Sanitarians which is empowered to issue certificates to approved applicants. After certification, such persons may use the title "Registered Sanitarian" or the initials "R.S." after their names.
- 678 - An act authorizing the Department of Public Health to establish a sanitary code. This legislation provides for a sanitary code, which will permit the establishment of State-wide sanitation rules and regulations instead of rules and regulations adopted by cities and towns, which are sometimes conflicting and inadequate. However, local boards of health may adopt such rules and regulations as may be necessary for their particular locality, provided they do not conflict with the laws of the Commonwealth or the provisions of the sanitary code. Local boards of health will also have power and responsibility to enforce the regulations established under the sanitary code, but in case of alleged violations occurring in one city or town and affecting the residents of another city or town, the Department of Public Health may assume the duties and powers of a board of health to cause compliance with the code. The courts are also empowered to enforce the rules and regulations.

Resolves

Chapter

- 33 - Resolve reviving and continuing the commission to investigate and study the shortage of nurses and means of remedying the same, and increasing the scope of said commission. The Commissioner of Public Health is a member of this commission. This new resolve added training programs for nurses to the field to be studied. The report ordered by this resolve was filed with the Legislature on May 1, 1957.
- 37 - Resolve authorizing the Department of Public Health to make an investigation and study relative to equine encephalitis. The Department will study the manner of spread and the best means of control of this disease which has caused illness in humans in three different years in the past and may continue to appear from time to time.
- 73 - Resolve authorizing and directing the Water Resources Commission of the Department of Natural Resources to make a survey of the water resources and sewerage disposal facilities of Plum Island within the town of Newbury and the city of Newburyport.
- 77 - Resolve providing for an investigation and study by a special commission relative to the establishment of an atomic energy industrial research center.
- 89 - Resolve providing for an investigation and study by a special commission relative to the advisability of repealing the provisions of law requiring the cooking of garbage before feeding to swine and relative to methods of relieving economic distress resulting from such provisions if repeal thereof is not deemed to be advisable. The raising of swine in Massachusetts has many geographical peculiarities which differ from other swine-raising areas. The human health aspect, particularly in regard to the incidence of trichinosis, needs serious study. The investigation under this resolve will produce accurate statistical information on the need for cooking garbage.
- 106 - Resolve authorizing the Department of Public Health to make a study relative to radioactive materials. The Department will make this study in cooperation with other State agencies concerned with regulatory and protective measures pertaining to radioactive materials; with the Federal agencies concerned; and with the Special Commission created by Chapter 77 of the Resolves of this year relative to the establishment of an Atomic Energy Industrial Research Center.
- 112 - Resolve further reviving and continuing the special commission established to investigate and study the feasibility of establishing a Southeastern Massachusetts Water District and increasing the scope of such commission.

- 140 - Resolve providing for the continuance of an investigation by the Department of Public Health relative to the sanitary condition of the Aberjona River and the Mystic Lakes in the cities of Medford and Woburn and the towns of Arlington, Burlington, Reading, Stoneham, Winchester and Wilmington.
- 144 - Resolve reviving and continuing the special commission established for an investigation and study relative to the systems of sewerage and sewage disposal in the North and South Metropolitan Sewerage Districts and in the city of Boston, and the Metropolitan water supply system.

Acts of 1958 (January 1 to June 30, 1958)

Chapter

- 15 - An act providing that, in determining freedom from tuberculosis of persons employed in schools, a chest x-ray may be omitted if an intradermal tuberculin test is negative. The substitution of an intradermal tuberculin test as the first screening procedure to determine the presence of tuberculosis in teachers and certain other persons coming in contact with school children is in accordance with the Department's policy of aiding in the reduction of x-ray exposure of our population by eliminating every unnecessary use of the x-ray. If the intradermal tuberculin test is negative, no chest x-ray is required prior to employment; if the tuberculin test is positive, a chest x-ray is required. A similar procedure is used for the follow-up examination required every three years.
- 79 - An act regulating the use of shoe-fitting machines employing fluoroscopic, x-ray or radiation principles. This legislation was introduced by the Department and repeals Chapter 595 of the Acts of 1956 which directed the Department to establish rules and regulations to control the operation of all fluroscopic shoe-fitting machines other than for diagnostic or therapeutic purposes. These machines have been found to emit x-rays and present an unnecessary exposure to ionizing radiation to the operator and to the person receiving the shoe fitting. As shoes may be properly fitted without the use of such devices, and since all ionizing radiation is damaging, the use of such equipment is unnecessary. The use of such machines for diagnostic or therapeutic purposes under the supervision of a licensed physician or chiropodist is permitted.
- 95 - An act relative to the possession of narcotic drugs.
- 148 - An act authorizing an increase in the arsenic content of embalming fluid. This legislation permits the sale of embalming fluid containing not more than five milligrams of arsenic per liter.
- 181 - An act relative to search warrants in connection with narcotic drugs and implements used therewith.

- 254 - An act requiring that the will of the voters be ascertained before any public water supply system is fluoridated. Under this act new fluoridation programs for public water supplies may be undertaken only after the will of the voters has been ascertained by a referendum. The act does not apply to the twenty-three Massachusetts communities presently supplementing the fluoride content of their public water supplies for the prevention of dental decay.
- 258 - An act providing for the admission of children with chronic diseases to the North Reading State Sanatorium. Certain children with chronic asthmatic conditions, cystic fibrosis and other long-term illnesses require extended supervision and therapy not available to them in general hospitals or at home. These children may now be admitted to North Reading State Sanatorium for treatment.
- 268 - An act authorizing the Department of Public Health to make contracts for the operation of concessions in institutions under its charge.
- 276 - An act further regulating the possession, purchase or sale of hypodermic syringes and needles and other similar instruments.
- 324 - An act providing for the free distribution of the report of the special commission established to make an investigation and study relative to high blood pressure. The Superintendent of the Lemuel Shattuck Hospital is authorized to distribute this report to persons, clinics or hospitals in the Commonwealth.
- 333 - An act requiring fire drills for employees of nursing and convalescent homes.
- 354 - An act further regulating the licensing of practical nurses.
- 357 - An act providing for the admission of certain patients to the Rutland State Sanatorium and the Lakeville State Sanatorium on written application of a physician. This act provides that the Department of Public Health may admit patients to Rutland and Lakeville for the treatment of chronic disease. Preference shall be given to residents of the Commonwealth.
- 377 - An act providing for the expediting of approval, modification or disapproval of plans submitted under the subdivision control law.
- 390 - An act authorizing towns to appropriate money for the control of diseases of epidemic proportions. The determination of "epidemic proportions" is to be made by the Department of Public Health.
- 425 - An act authorizing the Governor to deal with the threat of danger of drought.

Resolves

Chapter

- 36 - Resolve continuing the special commission established for an investigation and study relative to the systems of sewerage and sewage disposal in the North and South Metropolitan Sewerage Districts and the city of Boston, and the water systems in said districts.
- 66 - Resolve increasing the scope of the special commission established to investigate and study the feasibility of establishing a Southeastern Massachusetts Water District.
- 67 - Resolve reviving and continuing and increasing the powers and scope of the special commission established to make an investigation and study relative to the establishment of an atomic energy industrial research center.
- 70 - Resolve providing for an investigation and study by the Water Resources Commission relative to methods of providing an adequate water supply to the cities and towns of the Commonwealth during a period of drought or other emergency.
- 83 - Resolve reviving and continuing the unpaid special commission established to make an investigation and study relative to slaughterhouse facilities within the Commonwealth.
- 88 - Resolve further reviving and continuing the special commission established to investigate and study the feasibility of establishing a Southeastern Massachusetts Water District.
- 93 - Resolve reviving and continuing the special commission established to study and investigate the advisability of repealing the provisions of law requiring the cooking of garbage before feeding to swine and relative to methods of relieving economic distress resulting from such provisions if repeal thereof is not deemed to be advisable.
- 94 - Resolve continuing the investigation and study by the Department of Public Health relative to radioactive materials.
- 105 - Resolve providing for an investigation and study by the Department of Public Works and the Department of Public Health relative to the removal of substances polluting certain waterways and charging the cost thereof to the person responsible for such pollution.
- 107 - Resolve increasing the scope of the investigation and study by the Department of Public Health relative to radioactive materials.
- 111 - Resolve continuing the investigation and study by the Department of Public Health relative to equine encephalitis.
- 112 - Resolve authorizing the continuance of an investigation relative to the study of the elimination or control of submerged weeds in certain great ponds of the Commonwealth.

As the 1958 Legislature was still in session on June 30, 1958, additional laws concerning public health and possibly conferring new responsibilities upon the Department, and resolves providing for special investigations will be enacted early in the 1959 fiscal year.

Division of Training and Research

In Massachusetts, as well as throughout the rest of the world, new concepts are being continually developed to lengthen life, promote health and prevent disease. A major part of the responsibility for application of these concepts lies with the public health worker. As new knowledge and techniques applicable to human health become available, they must be learned by the worker in the field. In addition, there is a large number of personnel who need to supplement their academic backgrounds in order to fill in gaps between areas of learning. These are the basic reasons for the public health training program of the Department.

Training offered by and through the Massachusetts Department of Public Health coordinated by the Division of Training and Research is not limited to State employees. Among those who have benefited by training are employees of boards of health of cities and towns, school personnel engaged in public health activities, members of voluntary health agencies, and various personnel employed in hospitals and other institutions within the Commonwealth.

The types of training sponsored by the Massachusetts Department of Public Health during 1957-1958 have been classified as follows:

- Academic Training (full time)
- Academic Training (part time)
- Field Training
- Workshops
- Short Courses
- Seminars
- Orientation and Observation
- Institutes
- Special Fellowships
- Conferences

Academic training (full time) was provided for a total of 16 persons, including physicians, nurses, social workers and health educators. Academic training (part time) was provided for a total of 7 persons, which included nurses, dentists and health educators. In addition, a total of 13 persons were sent to specialized short courses for specific training in public health specialties.

Specialized training has been obtained through the cooperation of the following institutions: Boston College, Boston University, Catholic University, Children's Medical Center, Columbia University, Harvard University, Manhattan College, Simmons College, University of Massachusetts and University of Michigan.

Sixty-nine specialized short courses, workshops, seminars and institutes have been offered on a wide variety of technical subjects.

A number of these specialized programs were provided in cooperation with agencies and institutions such as the United States Public Health Service, the Communicable Disease Center, Northeastern University, Boston University, Harvard School of Public Health and Massachusetts Department of Education and numerous local health departments within Massachusetts.

Short courses of from one to three days were offered in the fields of dental health, environmental sanitation, venereal disease, practical nursing, cancer and chronic disease, occupational therapy, health education, laboratory procedures, biometrics, statistics, social work, etc. Attending were student nurses, workers in cancer and chronic disease, Civil Defense workers, medical students, laboratory technicians, food handlers, health educators, local health agents, sanitarians, sanitary engineers and nurses.

Sessions of more than three days were given to 722 persons from the following fields: teaching, nursing, medicine, social work, sanitary engineering, nutrition and bacteriology.

Field training was provided for 40 nurses, social workers, health educators and sanitarians.

The Department was host to 31 trainees who came for observation and orientation as well as for field training from organizations such as the International Cooperation Administration, World Health Organization and Institute for International Education. The following countries were represented: Brazil, China, Egypt, Finland, Guatemala, India, Iran, Japan, Korea, Pakistan, Peru, Philippine Islands, Sweden, Taiwan, Uruguay and Zanzibar. Although a few of these trainees were here only two or three days, most of them stayed for one or two weeks and several for as long as three months.

Division of Health Information

In the face of serious limitations in both personnel and equipment, the Division of Health Information had one of its most productive years and laid plans for important developments.

Extensive service was rendered to the Greater New Bedford Children's Accident Prevention Program which was extended to December 31, 1957. The health educator who had served with the Department's Home Accident Prevention Project became available at the termination of this Project, so that the Division was able to assume responsibility for health education consultant services in the area of accident prevention.

The Division assumed responsibility for editing and preparing Sanitalk, in addition to its own periodicals. Beginning in January 1958, publication of Commonhealth was shifted from a monthly to a bi-monthly basis. Editorial assistance with important projects was rendered to five divisions.

Reorganization of the film library has been a critical need for some time. In August 1957 this important development was begun, the area of maternal and child health being selected for the initial



program. A bibliography of 123 available motion picture films was prepared and the films were shown and evaluated by experts in this field of public health. A final bibliography will be prepared and be available for distribution. Future plans include evaluation of all the films in the Department's library and the institution of new and expanded audio-visual services.

The library and photographic services were continued at a steady pace and with increasing areas of influence. The art section reached a new high in production; it is making a special effort to develop new techniques and to keep abreast of modern developments. Looking to the future, plans are being formulated to expand the exhibit program, to improve the format of all the Department's publications, and to explore and develop the fields of television and audio-visual aids.

The public relations activities of the Division were improved and extended. In addition to the regular news releases, two division directors appeared as guests on "feedback" programs of station WMEX, in which questions from listeners and the replies were broadcast. An outstanding event occurred in October 1957 when a boy patient with muscular dystrophy at the Lakeville Sanatorium was featured on nation-wide television broadcasts. His plea for birthday cards was featured in a Boston newspaper, and the Sanatorium was deluged with cards, money and gifts for the little boy and with inquiries from reporters, radio and television, newsmen, and others. The Division of Health Information gave signal service in handling this emergency so that the Sanatorium could maintain its normal operation without interruption.

BUREAU OF HEALTH SERVICES

Division of Local Health Services

The District Health Officers as representatives of the Commissioner have been active in the administration, supervision and coordination of the various activities and programs of their respective districts. During the year the Commissioner and the Director of Local Health Services visited each Health District Office for conferences with the staff and particularly for the purpose of a critique of Operation Alert 1957. This entire civil defense exercise was considered from the standpoint of intelligence, communications, supplies and the assignment of personnel.

For several years the Metropolitan Boston Health Officers and Agents Association, the Southeastern Association of Boards of Health and the Berkshire District Association of Boards of Health have been functioning satisfactorily. These associations have demonstrated the value of organization for discussing and solving many mutual public health problems. This year the Franklin County Association of Boards of Health was organized. The Central Massachusetts Associated Boards of Health was also formed in the late summer of 1957; this association held six meetings during the winter and spring months, thus giving promise of being a profitable organization.

Recognizing their need for more information regarding their routine duties, the membership of the Southeastern Association of Boards of Health engaged in a study of the responsibilities of local boards of health and spent considerable time in an effort to improve their service to their communities. This same general need has been partially met in the communities included in the Metropolitan Boston Health Officers Association by providing a consultant to assist them in standardizing some of their procedures and basic policies.

Considerable work has been done on the preparation of an evaluation form which could be used by local health officers and agents.

A ceremony of the laying of the cornerstone of the Western Massachusetts Public Health Center at Amherst was held on November 22, 1957. As the fiscal year closed the Center was almost ready for occupancy. It will provide excellent facilities not only for the Department's Western District Office and the laboratory of the Division of Food and Drugs, but also for the Department of Bacteriology and Public Health and the School of Nursing of the University of Massachusetts, and the New England Field Training Center.

The Biennial Meeting of the Association of State and Territorial Directors of Local Health Officers was held in Boston in May, 1958; twenty-two states were represented at this conference.

Public Health Nursing Section

A centralized instruction plan during the three-month pre-clinical period for practical nursing students was undertaken at the Lemuel Shattuck Hospital. Ten Pondville Hospital students affiliated. This trial period with a small number of students pointed out certain changes which needed to be made before the plan is put into full operation in September.

The Nursing Sections of the Departments of Mental Health and Public Health have worked together actively in the following areas:

- (1) Instructor Training Program preparing professional nurses to give guided help to unlicensed practical nurses seeking licensure under the new law
- (2) Working on plans for the establishment of a position of Public Health Nursing Advisor in Mental Health to work with public health nurses on the mental health aspects of their work and furnish mental health consultation service to nurses engaged in public health nursing.

Opportunities were provided for 23 unqualified public health nurses to attend one of three 2-week work conferences for credit at the University of Massachusetts. The areas covered by these work conferences were: Child Growth and Development; Interpersonal Relationships in Nursing; and Principles and Practices in Public Health Nursing.

The Fifth Maternity Nursing Institute (3 days), planned in cooperation with the Boston Lying-In Hospital and the American Academy of Pediatrics (Massachusetts Chapter), was held.

During the past year more and more time has been spent by the Public Health Nursing Advisors in the Health Districts in civil defense activities of organization, recruitment and education. There is also an urgent need to spend more time in orientation of unqualified public health nurses being employed because of the lack of prepared public health nurses to meet the demands. Planning for the orientation and long-term guidance and supervision of the individual nurse to her specific job is the most important service that the public health nursing advisors in the districts can provide to assist communities in the improvement of their own public health nursing services. Consideration should be given to the possibility of setting up one or two training centers for orientation courses (theory and practice) for the unqualified nurses so that they may be able to function more adequately on their jobs.

Requests by collegiate schools of nursing for placement of nursing students for field instruction have increased; there is a growing need to assist agencies and staff public health nurses to become qualified to participate in this type of program.

Nutrition Section

Nutrition service to nursing and rest homes increased when the booklet "Meals for Adults in Resident Homes" became available. This publication was planned to be a simple interpretation of the regulation on food in these homes. It has been well accepted and many out-of-state requests for it have been received.

The Institute for Nursing Homes was held at Boston College School of Nursing in cooperation with Massachusetts Federation of Nursing Homes and Division of Hospital Facilities. It proved successful, was well attended, and will be repeated.

Institutes for Nursing Instructors were held, a need for such developing as a result of the bill under consideration which would require that practical nurses take an examination for licensure.

A change in emphasis in the nutrition program resulted when services to the school lunch program were redirected. More time was given to school lunch committees, school teachers interested in food habit surveys, rat experiments and integrating nutrition into their subjects, an exhibit of nutrition teaching materials for a Teachers Convention, and public health aspects of school lunch.

There is a definite need for advancing nutrition education in the schools. The employment by the Department of Education of a nutrition education coordinator skilled in curriculum planning would be a most constructive step and would give uniformity of background in teacher training institutions. At present this neglected area makes an opening for food faddism. The Nutrition Workshop at the University of Massachusetts was an effort to reach teachers, especially those with good science backgrounds.

Social Work Section

Activities of the Social Work Section during this year have been chiefly concerned with the same programs and services within the Department and the community as in the recent past. Emphasis has been placed on consultation services and community planning activities although direct casework services have continued to represent a large part of the social work activity especially in medical care programs in the Department hospitals and clinics.

Services to mothers and children, especially handicapped children, are the major program areas in which we have worked, followed by requests for assistance in planning for adults with chronic illnesses. Continuous working relationships have been maintained with other public and private social, welfare and health agencies to insure comprehensive services and coordinated planning.

The Section has continued to offer consultation services to social workers employed in Special Projects which are financed by Federal Grants and being carried out through local hospitals or health agencies.

Educational activities have included provision of field training for social work students and opportunities for observation and orientation for social workers interested in public health who come from other states or abroad. Educational activities have been carried out in cooperation with the Schools of Social Work in Boston with the objective of assuring that all social workers have in their academic training a better knowledge of the role of the public health agency in the community.

As in all of the public health professions, one of the major problems of the year has been that of recruiting well-prepared social workers to accept positions to fill existing vacancies.

Civil Defense

The operational readiness of the Medical Service is second to none in this Agency especially when considered in the light of State and Area Control Centers. This readiness has been made possible by the extensive training given Department of Public Health personnel which has in some cases been independent of Agency controlled exercises.

It is regrettable that staffing difficulties has made training at Sector and Local levels less complete. This is due to the fact that at these levels staffing is purely a volunteer matter, except for such Department of Public Health personnel that can be assigned billets at Sector echelon.

The reception of the Medical Service training programs in Disaster Nursing has been most gratifying and the subject of much favorable comment. It is wished that more people could be trained in First Aid and goals have been increased for such in fiscal year 1959. The success of this program depends in a large measure upon local conditions.

Stress has been placed upon training from every standpoint. Training of personnel from Department of Public Health assigned Civil Defense billets was carried on extensively for one day in

each District Medical office. A full staff exercise was set up to solve problems that would face the service in time of disaster. It was agreed, with very few exceptions, that these exercises were instructive and interesting and made for increased intra and interdepartmental coordination.

In addition, the Department of Public Health personnel took an active part in the National Operation Alert, May 6-7, 1958, and in other civil defense exercises set up by Area Directors.

Division of Maternal and Child Health

Although no direct maternity service is given, indirectly the activities of the staff of this Division have an impact on the improvement of care of pregnant women, as follows:

(1) During the past year visits were made by a physician and a nurse to certain hospitals to assist with techniques of care of both mothers and newborn infants. By arrangement, the chiefs of obstetrics and pediatrics and the directors of nurses met with members of the Department staff to discuss changes in procedures recommended.

(2) The special five-year project for service to women who were suspected of being or of becoming diabetic was continued.

(3) A postgraduate course in obstetrics was given at Boston Lying-In Hospital especially for general practioners which was attended by 142 physicians.

(4) The maternal mortality study was continued; each death was discussed promptly by an obstetric consultant with the attending physician.

(5) On request from the Captain of the Massachusetts Police Association, meetings were held with groups of police officers for further instruction in emergency deliveries.

During 1957 the Department in whole or in part paid for the hospital care of 100 premature infants at a cost of \$26,000. It was thus possible to maintain a sufficient length of hospitalization for premature infants whose parents could not afford to pay for this unexpected and costly expense.

The Division maintains a register of handicapped children so that investigation may be made to see that medical care is given and education is available. During the fiscal year 1958 there were 3,556 new cases added to the register; there are now over 39,000 cases on the register.

In the Vision and Hearing Program 228 people were trained to perform hearing and/or vision screening tests in accordance with recommended procedures. During the year an additional habilitation center for hard of hearing and deaf children was put into operation at Sol-e-Mar Hospital in South Dartmouth to care for the needs in the southeastern part of the State. There are now nine such training centers under the supervision of the Department. During the year 163 hearing aids were distributed to children who require them. Additional audiometers were purchased by local school departments, making a total of 304 locally-owned audiometers. These are maintained and calibrated by the Department.

Services for Crippled Children. During the year, 4,380 children received care under this program. There were 1,438 new cases admitted to service, as follows: 740 orthopedic, 72 plastic, 183 rheumatic fever, 57 congenital heart, 133 seizure, 1156 chronic disease, and 125 speech therapy. Since the beginning of the program on September 1, 1956, 15,719 children have received care.

In July, 1957 a new chronic disease program was added to the Services for Crippled Children. This program serves children with cystic fibrosis, nephrosis, endocrine disorders and new growth. A total of 123 children received service under this program.

BUREAU OF PREVENTIVE DISEASE CONTROL

Division of Cancer and Chronic Disease

The Division of Cancer and Chronic Disease is attempting to minimize disease, disability and death by the application of medical and public health knowledge and techniques. Research, education and service are the methods utilized to accomplish this.

Research is being done to evaluate various types of treatment and to find whether relationship exists between the individual diseases and such factors as age, occupation, heredity, habits of living and environmental hazards. The journal Cancer has recently accepted a paper, "An Epidemiological Study of Lung Cancer." The study shows that there is a significant correlation between cancer of the lung and the lifetime tobacco consumption among males. The relationship appears to be linear for heavy cigarette smokers. While this correlation does not prove causation it is highly suggestive and no evidence has been presented which disproves such an hypothesis. A slight association exists between cancer of the lungs and three other variables: respiratory illness, heavy consumption of alcohol and outdoor occupation.

Two studies dealing with diabetes have been carried on, one on the accuracy of the death record, which shows that about 30 per cent of the death records for males with diabetes and about 16 per cent of those for females with diabetes failed to record the disease. A great deal of work has been done in determining whether or not there is a relationship between cancer and diabetes.

Geriatrics is the most recent addition to a long list of subjects that have become an integral part of the official public health program. This expansion is the latest in a series that began near the turn of the century when health objectives broke loose from their original moorings of environmental sanitation and communicable disease control to embark on public health seas as yet uncharted. The part which geriatrics should play in an expanding health program is not uniformly delineated; some feel it should be incorporated in an all-inclusive chronic disease program; others feel the health field should extend into new areas. During the past year, an Assistant Director was appointed to head the new geriatric program.

A program for geriatrics should resemble a chronic disease program in respect to research and education. Service, however, would differ greatly from that of the chronic disease program. Recreation, occupation and nutrition may be far more important in geriatrics than medication. Research must be made into the best way of caring for the aged sick, utilizing mental hygiene, physiotherapy, rehabilitation and some medicine. In conjunction with the Division of Hospitals a study is being undertaken to evaluate rehabilitation potentials in nursing homes. A Chronic Disease Registry has been inaugurated at the Lemuel Shattuck Hospital.

A free tumor diagnostic service has been provided since 1933 in conjunction with the Cancer Commission of Harvard University, to encourage pathological examination of suspected tissue and precancerous lesions. The recognition by physicians of the value of this service is demonstrated by the number of specimens received each year, which has increased from 2,786 in 1933 to 14,219 in 1957. Approximately 85 per cent of those using the tumor diagnosis service are from outside Boston, a majority of specimens coming from small hospitals and practicing physicians without laboratory facilities. Each year a larger proportion of specimens is sent by physicians performing biopsies or excisions of small tumors in their offices, indicating a growing awareness of the importance of early and accurate diagnosis.

Education is directed to both the public and those members of the medical profession who desire refresher courses.

Service in cancer is furnished by 2 state and 27 state-aided cancer clinics. The clinics furnish group diagnosis for any individual in the state who is suspected of having a malignant condition. During the year there were 7,172 new admissions at the cancer clinics and a total of 39,155 visits. Another service in cancer is that of the Tumor Diagnosis Service. Any physician or hospital in the state may have suspicious tissue examined to determine the presence or absence of cancer. There were 14,219 surgical specimens examined by the Tumor Diagnosis Service in 1957, about twice as many as were examined in 1949.

Service for heart disease is furnished by eight heart clinics. During the calendar year 7,134 patients attended 437 sessions held at state-aided cardiac clinics.

Division of Communicable Diseases

The highlight of the year centered around the excitement because of an expected severe epidemic of influenza caused by a new variant of the virus, the so-called Asian Influenza. Much of the time of the Division during the first four months of the fiscal year was devoted to trying to allay the fear of the general public that the outbreak would be a devastating one. Considerable success was attained along this line because of the excellent cooperation of most of the newspapers and broadcasting stations.

It was felt necessary to go along with the Surgeon General of the Public Health Service in recommending the use of the Asian influenza vaccine, which, by agreement with the manufacturers, contained only the Asian virus. Much effort was devoted to attempting to publicize and obtain cooperation in seeing that the vaccine went first to those in the high priority groups; namely, the workers in organizations of importance to the community in maintaining essential services, particularly those caring for the sick; and those individuals to whom an attack of influenza would carry a particular threat to life, such as those who are ill, the aged, and the very young.

The expected wave of the disease hit the State early in September and before the end of October the wave had already subsided. During this time supplies of vaccine were quite short, and there was a considerable furor in regard to supposed misuse of vaccine outside of priority groups. However, by early November the wave of influenza was subsiding nationally, and the supply of influenza vaccine was becoming plentiful so that it was no longer necessary to restrict the vaccine to the priority groups. There was some increase in mortality rates due to the fact that the disease adversely affected persons who were already ill.

Before the end of the fiscal year the manufacturers were back in the production of polyvalent vaccine, and no doubt this vaccine will be the only one sold during the coming season.

The Division continued to devote a considerable amount of time to the problem of promoting the use of polio vaccine. By the beginning of the fiscal year interest in giving the vaccine had begun to wane because the polio season was approaching. Vaccine was available for use in vaccinating anyone under 40 years of age. Due to the fact that more vaccine had been purchased than was being used for those under 20 years of age, its use was authorized for those under 30 years of age during the fall and for those under 40 years of age during the winter. By April 1 all of the surplus supplies had been distributed and the vaccine thereafter was restricted to infants under one year of age and pregnant women.

During the first six months of the fiscal year the Division worked with the District Medical Societies in an attempt to encourage vaccination of all those individuals under 40 years of age. Plans were under way to set up clean-up clinics to take care of those who did not go to the doctors' offices, but eventually the Council of the State Medical Society voted against such clinics and the plans came to naught.

The great bulk of the children under 15 years of age had been taken care of in the two previous fiscal years, during which time over 1,800,000 doses of vaccine purchased with Federal funds, and over 2,300,000 doses of vaccine purchased with State funds, were distributed. To this must be added 760,000 doses of vaccine shipped into Massachusetts through commercial channels during the second of these two years. This tremendous amount of vaccine was used largely for those persons under 20 years of age, only a small part going to those who were older.

During the fiscal year ending June 30, 1958, over 740,000 doses of vaccine purchased with State funds were distributed, and 480,000 doses of vaccine came into the State in commercial channels. A good portion of this vaccine likewise went to give third doses to those under 20 years of age and numerous other individuals under that age who were receiving first and second doses. Thus, the amount of vaccine which has been given to persons over 20 years of age is probably not large.

The encephalitis study begun late in the previous fiscal year was continued with funds which had been authorized by the General Court. These funds were spent in providing personnel to cooperate with the Field Laboratory of the Public Health Service which had been established in Taunton early in the spring.

The activity of the encephalitis virus was minimal during the year, the infection among birds dropping to 4 per cent of those sampled, in contrast to 46 per cent the previous year. Moreover there were no human cases discovered nor any infections in horses. The virus was obtained from two sentinel pheasants and from one wild pheasant which had been turned loose early in the year.

During the slight lull in activities late in the fiscal year, considerable progress was made in revising and re-issuing many of the pamphlets on communicable diseases and related subjects.

Some comments should be made in regard to certain of the communicable diseases for the calendar year 1957. The number of cases reported rose from 61,119 in 1956 to 82,923 for 1957. Most of this increase was caused by the higher prevalence of german measles, measles and mumps. There might have been a higher number if chicken pox had not declined about 4000 cases.

The high standard of sanitation continues to keep down the number of cases of diseases such as typhoid fever and bacillary dysentery. Diseases for which immunizations are available also remained at a low level, but there was a slight increase in the number of cases of diphtheria, with 20 cases reported. There was a slight rise to 800 cases of whooping cough during the year.

On the other hand, the number of cases of poliomyelitis continued low, there being a drop from 100 cases in 1956 to 25 cases in 1957. Undoubtedly much of this is due to the immunity resulting from the large number of doses of polio vaccine given, but how much is due to the compensatory fall after a year of high prevalence in 1955 cannot be measured.

While there was a decrease from 591 cases of salmonellosis last year to 439 in 1957, this disease continues to absorb a considerable amount of the time of the Division and local boards of health, due to the fact that some individuals continue to harbor the organisms for varying lengths of time after the acute illness has subsided and such individuals must be excluded from food handling and from school under such circumstances.

Infectious hepatitis continued to decline from the high level reached in 1954. The reason for the rise and fall of this disease is still a mystery. Until the virus can be grown in the laboratory so that its spread in the community can be followed, progress in understanding this disease will be slow.

Division of Venereal Diseases

The most important single event of the year was the continued increase in infectious syphilis, although total syphilis decreased by 5.0 per cent. Primary and secondary syphilis rose by 15.6 per cent, early latent syphilis increased by 8.5 per cent resulting in an overall rise in infectious syphilis of 8.5 per cent. Late latent and late syphilis decreased by 11.0 per cent and reported congenital syphilis rose slightly by 0.7 per cent. There was a 4.0 per cent increase in gonorrhea.

Our records clearly indicate that organized and commercialized prostitution is not a major factor in our venereal disease problem, since approximately 7.0 per cent of our patients with these diseases named prostitutes as their contacts. Our biggest source of venereal disease is the pickup. Most of our patients with gonorrhea are single, but most of our patients with syphilis are married. The average age of civilian patients with gonorrhea is $27.9 + 7.0$, whereas the average age of military patients is $22.9 + 4.4$. While the pickup remains as the biggest source of venereal disease, the places of pickup are centered primarily around the taverns, bars, and restaurants. The home, hotels, and automobiles in that descending order of frequency are the places of exposure.

The Division still continues the follow-up of all selectees discovered to have a positive blood test for syphilis or other evidence of venereal disease. These patients may be examined by their private physician or the nearest State cooperating venereal disease clinic. These reports are evaluated and sent to the Induction Board. Similarly, the Division receives reports from the military authorities of men separated from the Armed Forces who need follow-up for these diseases.

Based on its successful experience for the past six years, the Division Staff is responsible for the interviewing of military patients in Massachusetts and their contacts. This work is in addition to our contact investigation activities of all contacts of military patients in Massachusetts.

In the State cooperating venereal disease clinics there were 5137 patients who were examined, and these represented a total of 23,068 clinic visits.

Our plans for extending our reciprocity arrangements, insofar as the premarital examination law is concerned, continues. At the present time, out of the forty States which have such laws, Massachusetts will accept the certificates of thirty-six States. In return, nineteen States have agreed to accept our premarital certificates when properly completed.

The Division has a very active training program summarized as follows:

1. Lectures	Total - 344 hours
<u>Venereal Diseases</u>	
a. Medical groups	320 hours
b. Non-professional groups	<u>3 hours</u>
	323 hours
<u>Social Hygiene</u>	
a. Professional groups	8 hours
b. Non-professional groups	<u>13 hours</u>
	Total 21 hours

In addition to the preventive and control activities, the Division is currently engaged in five applied research studies:

I. The prenatal syphilis study program - The purpose of this study is to answer five major questions:

1. What is the incidence and prevalence of prenatal syphilis at the hospitals under study?
2. How many women develop syphilis during pregnancy subsequent to the initial negative prenatal blood test?
3. At what month during pregnancy is the prenatal blood test taken for patients delivering at a large hospital?
4. How many women delivering at a large hospital have no prenatal blood test taken at all?
5. To what degree will anesthesia influence the blood test?

II. Serologic Study - This is a program for the follow-up study of all positive blood tests for syphilis obtained at the Wassermann Laboratory and sent to private physicians. The objective of this study is to evaluate the completeness of morbidity reporting by private physicians, and to evaluate the incidence of false positive blood tests for syphilis.

III. The Military Interviewing Program.- This is a cooperative venture in which members of our staff interview military patients for contacts, and at the same time, trains military Corpsmen in the science and art of interviewing.

IV. The evaluation of the Treponema Pallidum Immobilization Test.

V. The evaluation of the Treponema Pallidum Complement Fixation Test.

Division of Dental Health

In providing direct assistance to local health programs and consultative services to their personnel, the dental profession and its auxiliary, the staff of this Division worked in 240 communities this year. Staff reports indicate that 45 per cent of field-work time was given to preventive and educational procedures, the remaining being directed to procedures of the corrective type.

The annual reports of local dental programs which the Division serves indicates that 35 per cent of the school-age population of the state received professional dental screening during the year. About 10 per cent of the school-age population received treatment from public clinical facilities. The number of communities conducting organized dental health programs remain the same as last year at 214. The number of communities now fluoridating is 23, involving a population of 245,114.

General dental health education procedures designed by the Division's staff have reached over 100 communities.

Training programs for public health dentists and dental hygienists have been more heavily subscribed to than ever before. Thirteen dentists and 53 dental hygienists completed formal courses sponsored by this Division.

For the first time the Department has offered a complete service at a single agency for the care of dentofacial deformities. Support for this purpose at the New England Medical Center was designed and activated by this Division.

Study projects have been conducted in a variety of directions. Clinical testing of a measurement for periodontal disease was begun. Five fluoridation areas were checked for dental caries susceptibility, all of which showed a lowering of this disease prevalence. An extensive survey into potential radiation hazards in dentistry has produced a technique for lowering radiation exposure of this sort by over 75 per cent. Applications for assistance in this field by dentists have been most gratifying.

Division of Alcoholism

The objectives of the Department in the control of alcoholism are three: (1) the establishment of such clinic and hospital facilities as are necessary for the proper diagnosis, treatment and rehabilitation of persons addicted to the excessive use of alcoholic beverages; (2) the study of problems related to alcoholism; (3) the promotion of a preventive and educational program concerned with the problems of alcoholism.

On June 30, 1958, the Division of Alcoholism completed its seventh year of existence with 13 cooperative alcoholism clinics in operation in out-patient departments of general hospitals.

During the year the number of such clinics increased from 11 to 13 by the opening of clinics at the Lowell General Hospital, Lowell, and at the Burbank Hospital, Fitchburg. The eleven other clinics are located as follows:

Boston:	Peter Bent Brigham Hospital Massachusetts General Hospital New England Hospital Washingtonian Hospital
Brockton:	Brockton Hospital
Lawrence:	Lawrence General Hospital
New Bedford:	St. Luke's Hospital
Pittsfield:	Pittsfield General Hospital
Quincy:	Quincy Hospital
Springfield:	Springfield Municipal Hospital
Worcester:	St. Vincent Hospital

During the year, 1,436 new cases were admitted to the cooperating clinics, and 208 previously discharged cases were readmitted, making a total of 1,644 admissions. These, with the 1,612 cases carried over from last year, made a total caseload of 3,256.

Of the above cases, 243 were discharged as recovered, 530 were referred to other facilities, 92 were discharged as uncooperative and unresponsive, and the rest were either not accepted for continued treatment or were "lost" or self-terminated. At the end of the fiscal year, 2,195 cases were being treated.

In the field of prevention and education, talks were given at summer camps, at the State Police Training School, before religious groups, at nursing schools, youth groups, adult service organizations and in high schools. These talks were oriented toward preventing alcoholism and familiarizing communities with therapeutic facilities. The consensus has been that direct talks with groups in which individuals, either youth or adult can ask questions is most beneficial. In the presentation, the facts as to alcoholism being a neighborhood problem, its statistical scope, how it affects the individual, how to prevent it, and what can be done for the alcoholic are stressed.

Group meetings of all clinic social workers were held bi-monthly to discuss various problems in relation to social services, to hear speakers from other agencies, and to exchange ideas and formulate better methods of cooperation with community agencies.

It is felt that the medical profession as a whole should be encouraged to take an interest in the concept of alcoholism as an illness and should be kept informed of community resources available for the rehabilitation of alcoholics. There is a need for facilities providing convalescent care for those alcoholics who have no resources of their own, particularly the unmotivated and unresponsive type of patient in need of custodial care.

BUREAU OF HOSPITAL FACILITIES

Division of Hospital Facilities - Licensing Section

This Division has placed its 1958 program emphasis on improving standards in nursing homes. Although improvement has been slow it has been constant. As in the past, we have been hampered by lack of staff. However, this year we have been allowed two additional senior hospital inspectors, and a third senior hospital inspector who has been designated specifically for the geriatrics program. This additional person, together with the unexpected availability of a small amount of money, made it possible to institute a rehabilitation program for geriatric patients in a limited number of homes in the Quincy area. Although the program was very limited in scope, it has demonstrated that with concentrated effort rehabilitation of geriatric patients in nursing homes is an exceedingly worthwhile procedure. A request has been made for additional funds to continue this program in the next fiscal year.

The shortage of nursing personnel has been a major factor in slowing down progress in nursing homes. In this connection, preference is given in the Hill-Burton Program to hospitals which are constructing new schools or enlarging existing schools of nursing.

Recent legislation made it mandatory to designate boarding homes for the aged as rest homes. This will clarify a great deal the difference between nursing homes and rest homes.

Improvement in rest home care has also proceeded at a constant pace. It is feared, however, that the recent amendment to the mandatory nurse practice act will flood our nursing homes with untrained personnel.

However, the emphasis on our nursing home program has retarded our ability to properly supervise hospitals. Our program to reduce the number of sub-standard hospitals is continuing. Four sub-standard hospitals are under constant supervision at the present time.

One inspector has been assigned almost full time to the problem of blood banks and the improvements in this area have been very gratifying. However, a great deal still must be done before all blood banks in hospitals may be considered satisfactory.

Under Chapter 298 of the Acts of 1957, Harvard Medical School and Tufts University School of Medicine have been licensed for the taking of animals from pounds. Several other applications were received, but facilities were not found adequate for licensure.

The officials of Fall River have requested an intensive survey of institutions operated by the city. This undoubtedly will result in the recommendation that the city infirmary be closed and that tuberculosis patients be transferred from the Fall River General Hospital to some other institution, making the present tuberculosis unit at Fall River General Hospital available for patients presently

housed at the city infirmary. It is estimated that Fall River will save in the vicinity of \$200,000 per year as a result of such a change.

The members of the staff of the Division are being consulted constantly by hospitals for advice in planning medical care facilities. This is a service which will add considerably to improved medical care throughout the Commonwealth.

Hospital Survey and Construction Section

In May 1958, a momentous milestone was reached in medical care progress in New England with the opening of the new Boston Dispensary Rehabilitation Institute. This was the first rehabilitation center constructed in Massachusetts with the assistance of Federal Hill-Burton Funds. The project was so highly regarded that the States of Maine, Vermont and Rhode Island transferred substantial portions of their federal allotment for rehabilitation facilities toward its completion. This generous expression received the approbation of the United States Public Health Service and the Federal Bureau of Rehabilitation. With accommodations for twenty in-patients in addition to an out-patient service, the Boston Dispensary Rehabilitation Institute offers a comprehensive program of treatment, research and education applying all of the modern techniques of rehabilitation. It is a unit of the New England Medical Center.

During the year, hospitals in Attleboro, Boston, Lawrence, Southbridge and Taunton opened new wings built with the assistance of Federal funds. Also, ground was broken during 1958 for new hospital wings in Everett, Fall River, Haverhill, Plymouth, Quincy, Springfield and Worcester; and plans were well under way on extensive projects approved for federal funds in Cambridge, Leominster, Pittsfield and Wilbraham.

Two applications were approved for federal assistance in the construction of facilities for schools of nursing, one in Fall River and a second in Holyoke.

A non-profit nursing home in Quincy and the Armenian Nursing Home in Boston received grants under the program for the construction of new areas doubling their bed capacities.

Out-patient facilities have been approved for hospitals in Brockton, Gloucester, Lowell, Plymouth and Worcester.

A new district public health center has been completed on the campus of the University of Massachusetts in Amherst.

The report on a survey of schools of nursing in Massachusetts, completed by the Division during the summer of 1957, was published in the June 1, 1958, issue of "Hospitals," the official journal of the American Hospital Association. It is entitled, "Which Schools of Nursing Should Receive Hill-Burton Funds?"

Members of the research staff of the Division have been working on an extensive study of the residence of patients admitted to all general hospitals in the State and comparing such figures collected for a recent year with similar figures ten years ago. Such studies contribute to the planning of the hospital services of the future by observing the utilization trends of the recent past.

BUREAU OF TUBERCULOSIS AND INSTITUTIONS

Division of Sanatoria and Tuberculosis

The case and death rates for tuberculosis continued to decline. For the year 1956 there were 1,840 new cases of tuberculosis reported, or a rate of 37.6 per 100,000; there were 418 deaths or a rate of 8.6 per 100,000. For the year 1957 there were 1,628 new cases reported, or a rate of 33.1; the estimated death rate for the same period was 7.4.

Tuberculosis is still being reported in the moderate and far advanced stages in the vast majority of cases. In spite of the continued decline 25 per cent of the total reported deaths show tuberculosis reported at the time of death.

Vacant beds in county and municipal sanatoria still constitute one of the major problems. It is hoped that legislation will be passed permitting county sanatoria to admit patients with chronic disease providing sufficient beds are available for the tuberculous. As 57 per cent of the available beds in county sanatoria are empty, consolidation between the various sanatoria would be desirable.

The recalcitrant tuberculosis patient still constitutes a major problem. It must be remembered that the tuberculous patient who continues to be a menace to others is primarily a sick individual who requires the most sympathetic consideration. As the year ends, the procedure for commitment is being worked out; to properly administer commitment proceedings to the center at Rutland, the patient should be transported in an ambulance accompanied by a nurse and a police officer.

Another major problem is the tuberculous alcoholic. The Commission on Alcoholism and the Massachusetts Tuberculosis and Health League have cooperated with this Department in establishing seminars and orientation courses at the various sanatoria. The superintendents and medical directors of the sanatoria and hospitals caring for such patients have held conferences to formulate plans for future control of this problem.

Improvement has been made by local boards of health in keeping tuberculosis case registers, 19 additional towns having established local registers this year.

In the tuberculosis case-finding^{ing} program there has been a progressive decrease in the number of x-rays taken annually from 152,000 in 1955 to 55,000 in 1957. On the other hand, tuberculin testing programs are being developed rapidly. During the year a total of 36,953 Mantoux tests were done, with 2,322 reactors, or 6.3 per cent.

Lakeville State Sanatorium

There were 211 patients at Lakeville State Sanatorium on July 1, 1957 and 196 at the close of the fiscal year June 30, 1958. The daily average number of patients was 38 tuberculosis, 21 poliomyelitis, 143 with crippling conditions, and 8 aging persons.

The principal diseases formerly treated at Lakeville were extrapulmonary tuberculosis and poliomyelitis. With the decline of these diseases, Lakeville has been converted to also care for chronic orthopedic cases. The tuberculosis cases now admitted are largely older patients with reactivated tuberculosis or with tuberculous conditions requiring further reconstructive surgery. Almost the same is true of patients admitted for poliomyelitis; not one case of recent origin was admitted but the need for reconstructive surgery, re-training, or revision of previously done operations still continues.

The cerebral palsy unit was usually filled to capacity. The turnover in this program is necessarily slow. Excellent cooperation has been established with the Wrentham State School resulting in improved patient care and more opportunities for training.

The rheumatoid arthritis program is appreciated not only by physicians from surrounding communities but by the Massachusetts General Hospital, the Pratt Diagnostic Clinic and other arthritic clinics. This cooperation results in good follow-up and continuity in treatment. One of the most gratifying aspects is the care of fracture cases, such as hip fractures in the aged and paraplegias. In this field proper orthopedic management combined with physiotherapy and occupational therapy is providing an essential and extremely beneficial service to the senior citizens of the Commonwealth.

North Reading State Sanatorium

At the beginning of the year there were 139 patients at this institution, and 129 at the close of the year, with a daily average of 129 for the twelve months. The average age of tuberculosis patients admitted was 6.53 years.

The basic policy of the medical staff has been to attempt to effect an arrest of disease as early as possible. For this reason large doses of anti-tuberculous drugs were used. As experience with the use of these drugs increased, the staff have become more appreciative of the specific action of the antibiotics. It has been found that combinations of the drugs are more apt to bring about certain clinical results depending upon the type and stage of the disease when treatment is begun. Experience has shown that antibiotics should be used in large doses to obtain maximum results. During the past year no patients who had been previously discharged from the sanatorium had to be re-admitted provided they had received adequate amounts of antibiotic therapy prior to discharge. Formerly 3 to 12 per cent of the patients were re-admissions.

A law providing for the admission of children with chronic diseases to North Reading State Sanatorium will become effective on July 15, 1958. We have received many inquiries concerning the admission of these children but as the present bed capacity is 142 and the daily patient census has been running between 132 and 138, it will be possible only to admit children with tuberculosis until provision is made for new construction to replace existing hazardous buildings.

Rutland State Sanatorium

There were 161 patients in Rutland State Sanatorium at the beginning of this fiscal year, and 180 at the close of the year. The highest number at any one time was 199, and the lowest 153. The daily average number of patients was 180. There were 265 patients admitted during the year.

There has been no marked change in the management of tuberculosis from the point of view of drug administration or surgery. The number of surgical cases is apparently decreasing; plans are being made for the admission of chronic cases as soon as possible. The Treatment Center for Recalcitrant Tuberculosis Patients is ready and as the year closed procedure for admission of these patients has been arranged.

Many improvements and changes have been made in the physical plant and grounds. The center of the institution has been modernized with jalousie doors, new floors, new ceilings, picture windows and wall covering. The switchboard has been moved to a new location off the main corridor where it is more visible and easier for visitors who seek information. Street lights have been installed on the road circling the sanatorium.

Westfield State Sanatorium

Tuberculosis Service. At the beginning of the year the patient population of this section was 119, and at the close of the year it was 99. The largest number of patients at any one time was 125 and the smallest was 97. The daily average number of patients was 112. The average age upon admission was 49 years. The average length of stay of patients discharged, including deaths, was 239 days.

During the year a reorganization has been effected in the extramural consultation clinic service available to Chicopee, Greenfield, Holyoke, North Adams and Pittsfield. No longer are the chest x-rays taken by a State technician going out from Westfield. Instead, State-furnished films are exposed by local (usually hospital) personnel and read as before by the Sanatorium staff. This is a first and important step toward desired local autonomy.

Conspicuous progress has been made on the extramural and on-the-job training of selected personnel as well as on short refresher courses in disaster, tuberculosis and practical nursing. Thus far the Sanatorium's School for Practical Nurses has produced 122 graduates, 98 of whom have remained after graduation to work as Licensed Practical Nurses at the Sanatorium.

Cancer Service. During the twelve-month period there were 766 admissions to this service; of these, 387 represented re-admissions. At the close of the year there were 27 patients in this section of Westfield State Sanatorium. During the year 762 patients were discharged; the condition of 267 was unchanged, of 437 improved; there were 58 deaths. The largest number of patients at any one time was 43 and the smallest was 19. The daily average number of patients was 32 and the average period of hospitalization was 15 days.

The cancer service has received 8,453 out-patient visits. The regular Wednesday clinics were held 51 times, with a total of 5,454 visits; 611 of these were patients making their first visit. In addition to the Wednesday clinics there were 2,999 visits.

Teaching clinics were held for physicians of the four western counties of Massachusetts on November 20, 1957 and on April 16, 1958, with attendance of 66 and 52 respectively.

Pondville Hospital

There were 99 patients in the hospital on July 1, 1957; on June 30, 1958 there were 97. During the year there were 1,325 admissions. The smallest number in the hospital on any one day was 66, the largest 117. The average period of hospitalization was 27.6 days.

From the standpoint of patient care, the situation at Pondville has been most satisfying. In spite of the widespread shortage of nurses, Pondville has been successful in obtaining more nurses than the previous year and it was possible to admit more patients.

Numerous professional and non-professional groups from other states and from many foreign countries visited the hospital for seminars in the field of cancer control and research. Unusual interest was shown in this field when nearly one hundred members of the Greater Boston Medical Technologists Association attended a dinner meeting and donated books and money to the Research Laboratory at Pondville.

Lemuel Shattuck Hospital

The hospital started out the fiscal year 1957-58 under very trying conditions. Two nursing units had been closed, so that the beds available for patients were curtailed to 233. This was due to mass resignations of both registered nurses and licensed practical nurses because of recent increases in pay of these categories in other hospitals of Metropolitan Boston. This situation was remedied when a special increase in salaries for evening and night shifts at Lemuel Shattuck Hospital was granted in October, 1957. The two units previously closed and one additional unit were opened during the year, bringing the total number of available beds to 311. Even though the year started with two less nursing units than the previous year, 109 more patients were admitted. The opening of additional beds for patients is dependent upon our ability to recruit additional registered nurses.

All out-patient clinics grew; there was a total of 8,257 visits as compared with 4,976 in the previous year.

The medical, surgical and neurological services all increased in bed capacity and more patients were served, due to a more rapid turnover of patients. During the year there were 403 admissions to the surgical service, as compared to 268 in the previous year. A total of 417 operations were performed. The rehabilitation and physical medicine service has expanded rapidly.

Training and research activities continued at a high level. The Lemuel Shattuck Hospital is now complementing the services of other medical activities in the State and is fulfilling its mission for the care, training and investigation of chronic diseases.

Massachusetts Hospital School

During the year 26 boys and 15 girls were admitted to the School. In the same period 18 boys and 17 girls were discharged. An increasing number of patients admitted require nursing care. Handicapped children of the Commonwealth between the ages of four and twenty, who are mentally competent to attend public school, are eligible for admission for hospital care and educational training. However, if applications for admission continue to increase, the School will not be able to admit many more patients.

The work being done in the treatment of paraplegia in children has been attracting attention over the country. The School is also beginning to acquire a considerable background of experience in the treatment of curvature of the spine in children, and more and more children are being referred to the School for the long-term care incident to this condition.

In the past few years the School's census has been climbing steadily and the character of the crippling has changed radically. More and more children with increasingly severe handicaps are being admitted, so that although the overall census may not rise sharply the amount of nursing care required per child has, and will continue to rise.

The School's curriculum is made up of the usual subjects and its high school diploma is recognized by the State Department of Education. There are vocational courses which train the handicapped child to take his place in the commercial life of the community. Educational efforts extend far beyond the scholastic instruction of the schoolroom. Every effort is made to put the child in a proper attitude toward life, to eliminate self-pity, to develop character and teach him that physical disability is not the handicap he may have been led to believe but rather an inconvenience to be overcome.

This past year a core course program was inaugurated for ninth and twelfth graders. This course meets three times a week and is designed to orient the ninth graders to the senior high school and the twelfth graders to institutions of higher learning or to the business world; to teach various occupations and their requirements and needs; to help the pupil in self-evaluation and re-evaluation through interest and aptitude tests; and to provide an opportunity for personal social problems to be discussed.

Religious education continues as part of the school program, with one period a week being devoted to instruction by priests, ministers and rabbis who contribute to the spiritual welfare of the students.

BUREAU OF INSTITUTE OF LABORATORIES

Division of Biologic Laboratories

Annual reports for the past several years have emphasized the increasing distribution of the Laboratories' products. For the entire year it has taken great efforts on the part of the staff, but especially the filling and packing department, to keep production ahead of the demands. The combined antigen, Diphtheria, Tetanus and Pertussis, has led in the field again. Distribution of this product has not levelled off since its production in 1950.

In the field of bacterial vaccines, especially pertussis vaccine, efforts must be made to step up production. Smallpox vaccine, under present methods and facilities, can probably keep pace with demands for the foreseeable future. In the products of human plasma fractionation, production could probably be increased, but the critical item is the supply of crude plasma. This material, especially in peacetime, will always be limited. New uses for Immune Serum Globulin, which seem to be discovered constantly, point to a more restricted future use of this material for the modification of measles and hepatitis. Other products in the high distribution range are tetanus toxoid, tuberculin, silver nitrate and defibrinated horse blood.

Attempts to get an automatic filling, stoppering and capping line in action on a production basis have been slow but it is now felt that most of the difficulties have been ironed out. This change-over affects many things--vials, labels, folding boxes, and extra cold room storage.

In a large study, still in progress, it would appear that the present adult diphtheria-tetanus product was the one of choice over a similar product with a lower tetanus content. Excellent progress has been made on improving the media for the production of tetanus toxoid and production lots have been made with the new media. Further improvement of the diphtheria toxoid media seems to be a possibility.

Distribution of silver nitrate ampoules continues high. A recent statement by the Committee on Fetus and Newborn of the American Academy of Pediatrics summarizes recent knowledge and recommends continued use of this product rather than antibiotics.

The distribution of diluted tuberculin more than doubled over last year, and after consultation with the Division of Tuberculosis the diagnostic dose of the material was cut down late in the year from 10 units to 5 units, in line with recommendations of authorities in this field.

The diagnosis of agammaglobulinemia and hypogammaglobulinemia still continues to be unsatisfactory. The Laboratory, through immunological tests, has been able to release a few children from this ordeal who have been previously mistakenly diagnosed.

Diagnostic Laboratory

During the calendar year 1957 the Diagnostic Laboratory performed tests on a total of 39,717 specimens, a figure appreciably less than the 57,762 total for the calendar year 1956. This decrease is largely transitory since it was the result of the temporary discontinuance, due to insufficient personnel, of our Rh typing service; this has now been resumed. Meanwhile, there has been a very great increase in the number of throat culture specimens, and with the need for the developing of a staphylococcus bacteriophage typing facility coupled with the steadily growing virology activities, the total specimen work is expected to become even greater.

The laboratory approval work has increased to the point where 234 certificates were issued, an increase to more than double the number of participating laboratories during the last decade. In addition, a total of 25 blood banks have been inspected in a cooperative project between the Laboratories and the Division of Hospital Facilities. Approval of the laboratory procedures of blood typing and Rh typing has been delayed, pending the attempt to evaluate the blood banks as a whole in addition to the evaluation of the results on blood samples sent to the laboratories.

The Virus Section continued to pursue its major interest in Eastern equine encephalitis ecology in cooperation with the Public Health Service field station at Taunton. There was no clinical evidence of virus activity in either horses or humans in the State, but laboratory studies revealed the virus in the brains of three pheasants, two sentinel birds and one wild bird. The wild bird died of an encephalitis-like disease, while the deaths of the two sentinel birds were of unknown cause until the virus was isolated. Virus was not isolated from any other source, including 125 pools of mosquitoes captured in 1957.

Of particular interest was the finding of Eastern equine encephalitis neutralizing substances in the sera of healthy domestic fowl and of hogs born in 1957. Studies are in progress to determine if possible the time of appearance and the specificity of these neutralizing substances. If these represent silent Eastern equine encephalitis infections they could be an important link in disease transmission.

Influenza diagnosis by serological means is a standard procedure in the Virus Laboratory but this year in the face of the possible approaching epidemic with the new Asian type, the Laboratory undertook a special study under grant from the Communicable Disease Center. Influenza virus was isolated from throat washings during September, October and November, and again in February and March. All isolates proved to be the Asian type. Serological studies confirmed many more influenza infections as well as infections due to other respiratory viruses. The Laboratory confirmed many cases of primary atypical pneumonia and nine cases of psittacosis, some of which were indistinguishable on a clinical basis from influenza.

Poliomyelitis and other enterovirus infections were studied by virus isolation and serology under contract with the Communicable Disease Center. One poliovirus and 14 other enteroviruses were isolated in this low poliomyelitis year. Unfortunately, material was not received from a few paralytic cases which occurred in spite of previously-given Salk vaccine. Laboratory study of such cases is of prime importance, because it is now becoming clear that paralytic disease may be due not only to true poliovirus but to some of the other enteroviruses.

Wassermann Laboratory

During the calendar year 1957 the Wassermann Laboratory performed 477,759 tests. Approximately 70 per cent of the specimens were received from hospitals and institutions; 30 per cent from private physicians. A total of 50,739 specimens were tested for premarital purposes; out-of-state premarital certificates were issued to 1308 applicants.

This year 135 laboratories participated in the intrastate serologic evaluation for syphilis. Eight laboratories were not approved; 52 received approval for standard tests, and 75 for rapid tests for blood donor purposes only. Eleven technicians from participating hospital laboratories were given refresher training in the serology of syphilis.

This laboratory participated again in the National Evaluation of Serologic tests conducted by the Public Health Service, and tested 200 matched samples of serum both qualitatively and quantitatively. The results showed that the performance of the Hinton test in this laboratory was satisfactory as to sensitivity and specificity.

In a cooperative arrangement with the Texas State Health Department, the Wassermann Laboratory served as a control for the Hinton test in their State evaluation; 194 tests were performed.

Experimental work on comparative Complement Fixation Tests using antigen prepared from virulent *treponema pallida* and one prepared from nonvirulent organisms was continued. In 657 tests performed it was found that the antigen prepared from the protein fraction of the nonvirulent treponemes gave satisfactory results; other laboratories obtained similar results. Due to the cost and difficult technique, the use of this Complement Fixation Test is limited to specimens from patients who have so-called biologic false positive reactions, i.e., positive Hinton tests and no history or evidence of syphilis.

All of the 207 animal heads received for rabies examination were found to be non-rabid.

Milk samples submitted by the Medical Milk Commission have been tested monthly for brucella abortus agglutinins.

The program in cooperation with the United States Department of Agriculture for testing cattle for the eradication of brucellosis expanded beyond the facilities of our laboratory, and in May the work was moved to a laboratory provided by the State Division of Livestock Disease Control.

BUREAU OF ENVIRONMENTAL SANITATION

Division of Sanitary Engineering:

Water Supply - Public water supply systems in Massachusetts serve about 98.5 per cent of the total population of the State. Serious drought conditions prevailed from April to October 1957 causing a number of water shortages. Because of these shortages, emergencies were declared by the Department in 43 communities and the use of emergency sources was approved in 17 communities. Many other water supply agencies imposed restrictions on the use of water but were able to meet the crises without resorting to more drastic emergency measures.

From October 1957 to May 1958, rainfall generally averaged above normal, replenishing supplies which were deficient. However, positive action was taken in 47 communities to obtain additional sources of supply. Thus the 1957 drought was effective in initiating water supply development which had long been needed.

Two additional towns have begun fluoridation of their water supplies and one has discontinued it, making a net total of 23 communities supplying a total population of 245,112 with fluoridated water.

Practically the entire population of Massachusetts is served by public water supply systems. Of the 351 cities and towns of the State 273 are provided with public water supplies. The remaining 78 municipalities do not have a public water supply, although in certain of these municipalities public institutions provide water supply for their patients and employees which account for a considerable portion of the population.

The public water supplies throughout the State are obtained from rivers, ponds and reservoirs, and from ground water sources consisting of various types of wells and springs. Most of the towns and smaller cities are supplied with water from ground water sources, while the larger communities are supplied with surface water sources.

Massachusetts is fortunate in having natural waters which require a minimum of treatment. Generally speaking, the natural waters are soft with little or no turbidity. Careful study is given in the development of sources of water supply so that sources can be developed from clean areas where treatment is unnecessary, except for chlorination as an added precaution. In certain areas of the State the natural ground waters contain a considerable amount of iron and manganese, and treatment works are required to remove these constituents, the untreated water being objectionable to water consumers. In the western part of the State, as well as a few isolated areas in the coastal region, there are sources of supply where the water is excessively hard.

The total water consumption of public water supplies in the State exceeds 500 million gallons per day, and indications are that this will continue to increase.

The Division of Sanitary Engineering provides for the chemical analysis and the microscopic and bacterial examinations of samples of water from the public and semi-public water supplies in the Commonwealth. Containers are sent to the officials in charge of these works and are returned to the appropriate laboratories of this Division. Chemical analyses are made of the natural and treated waters three to six times a year. Microscopic examinations are regularly made of all surface water supplies, and bacterial examinations are made of the water of samples collected from distribution systems at intervals of four weeks. The results of the chemical analyses are sent regularly to the officials in charge of public water supplies, and upon request the results of the microscopic and bacterial examinations also are sent. Where the microscopical or bacterial results indicate approaching trouble, special investigations are made by the sanitary engineers of the Division.

One of the ways in which the public water supply could easily become contaminated is through the existence of unprotected cross connections, through which contaminated water could be drawn or forced into the water main under certain conditions. Every factory, industry, swimming pool, and even private dwellings presents a potential source of contamination if proper plumbing practice is not followed through the system.

The Department, acting under the authority of Section 160, Chapter 111 of the General Laws, established rules and regulations pertaining to cross connections. Advising the various water distribution agencies, subject to possible contamination through cross connections, is one of the major activities of the Department. In order to enforce the rules and regulations, the Department employs two full-time engineers, and two engineers, part-time, for the annual inspection of tightness on all known double-check valve installations. It is still the Department's policy wherever possible to eliminate any cross connections.

During the year, all new industries on Route 128 were inspected for possible cross connections. Also a program of complete reinspection of the industries in certain cities and towns for piping changes constituting cross connection was inaugurated.

Water Pollution Control - Sewage Disposal:

Cities and towns together with industries in the Commonwealth of Massachusetts have continued to expand and the problem of disposing of sanitary and industrial wastes continues to be of major importance. Some of the streams in the Commonwealth have reached their natural waste assimilating capacity and are in a nuisance condition during dry summer months. The stream sampling program for the collection of routine samples at some 260 sampling stations on rivers and streams including sewage plant effluents throughout the Commonwealth is done during the summer months to provide general oversight on all streams. Sewage disposal problems in many of our major towns which have no sewerage system are increasing and more sewerage systems and sewage treatment plants are needed.

A considerable volume of the work in the Water Pollution Control Section was devoted to a review and approval of plans of sewage disposal facilities which were designed to serve schools, factories, industrial developments, public buildings, recreational areas, public centers and other establishments. During the period covered by this report, plans of sewage disposal were reviewed for schools which were to be constructed in over 50 different communities throughout the State. Many of the local boards of health throughout the State have requested advice as to whether or not certain parcels of land could be built upon without danger to the public health, and other boards of health were advised on local sewage disposal problems.

During the year many conferences were held with consulting engineers, architects, contractors, builders, developers and individual citizens for the purpose of discussing proposed plans of sewage disposal or particular waste disposal problems.

Under the Federal Water Pollution Control Law, commonly known as Public Law 660, federal grants are available to municipalities and other government agencies for the construction of sewage treatment works. Grants are made by the U. S. Public Health Service up to 30 per cent of the reasonable cost or \$250,000, whichever is less. Applications for grants are reviewed by this Department and forwarded to the Public Health Service for their review prior to the making of an offer of a grant. During this fiscal year the following projects have been reviewed and forwarded to the Public Health Service.

The New England Interstate Water Pollution Control Commission held four meetings during the current year. The Commissioners from Massachusetts for the past year were Samuel B. Kirkwood, M.D., Louis D'Allesandro, New Bedford, Thomas S. Marston, 3rd., Haverhill, Thomas P. Gallagher, Lynn, and Leo Marceau, Springfield.

In accordance with agreements reached at these meetings, the Department completed coordinated studies on the Blackstone, Spicket, Deerfield and Hoosic Rivers. Studies are continuing on the Farmington, Powow and Little Rivers. Preliminary studies are underway on the Merrimack River.

The Sampling and determination of radioactivity in the Connecticut River is being coordinated through the Interstate Commission. Common samples are collected at the Massachusetts-Connecticut state line and samples at other points along the Connecticut River in each state are collected on the same day. It is anticipated that the two states and the commission will in the near future conclude a study of a standard method for radioactivity determination.

Shellfish: The Division continued its routine sampling and surveys of shellfish areas to determine the extent and degree of pollution.

Relaying of Connecticut oysters by private shellfish grants in Chatham and Cotuit was supervised in part by personnel of this Division and samples of relaid oysters taken for bacterial examination before release for food purposes.

Special studies are underway in Newburyport Harbor and Lee River, Swansea. Areas in the Pines River, Revere and Saugus, were closed because of heavy oil pollution.

Periodic inspections of the Newburyport Shellfish Treatment Plant have been continued; this plant has been operated far below its top capacity during this year.

The Newburyport Shellfish Treatment Plant continued to operate as usual, and inspections were made periodically by personnel of the Lawrence Experiment Station and the Central Office Staff. The plant has not been operating at top capacity for some time. This year probably saw a new low in numbers of bushels treated, a matter which has given great concern to the city of Newburyport, and to the cities and towns liable for the plant's operating budget. Under law all deficits are charged to the contributors of pollution to the Merrimack River.

Atmospheric Pollution Control and Radiological Health: The Division of Sanitary Engineering in the past year has been called upon to assist communities, agencies and individuals in atmospheric pollution control problems and problems involving possible exposure to ionizing radiation. Increased industrialization, population growth, dispersal of industry and residential development, together with the more and more frequent incidents of inversion phenomena throughout the United States and awareness of the public in fringe matters of radiological health, have made both the public and public health officials increasingly conscious of the need for methods to control atmospheric pollution and protection of the public against ionizing radiation so that a continued safe and comfortable environment may be enjoyed.

Both air pollution control and radiological health activities at the sanitary engineering level are highly complex and diversified. Training of existing personnel, staffing with new additional personnel, and providing the facilities and equipment necessary will be costly steps which the Department must take if it is to properly meet its increasing obligations in these fields.

Lawrence Experiment Station: The samples examined at the Lawrence Experiment Station during the year ending June 30, 1958 are summarized in the following table:

Bacterial samples in connection with water supplies, bathing places, stream pollution and all other regular work of the Department	14,521
Bacterial shellfish samples	1,358
Chemical samples in connection with water supplies, bathing places, sewage disposal, stream pollution, shellfish waters and other regular work of the Department	6,062

Chemical samples in connection with research on disposal of sewage and treatment of industrial wastes	4,430
Samples in connection with radioactivity	1,012
Chemical and mechanical analyses of sand and other filtering materials	65
Microscopical analyses of water in connection with the control of algal growth	1,039
Samples in connection with atmospheric pollution	<u>5,415</u>
Total	33,902

The actual amount of work in the Air Pollution Laboratory definitely increased and included many more detailed and complicated examinations than in the preceding year, but the number of simple examinations of tapes from smoke samples was much less, and this gave a lower total. The extensive work of installing, calibrating and adapting new apparatus does not appear at all in the number of samples.

Again the samples reported under radioactivity were somewhat fewer than the year before, but because of availability of advanced types of apparatus the work accomplished was much more extensive and time-consuming, and it included very important new work in the determination of alpha counts and cooperative work with the Federal authorities and with other states. The work on air pollution and on radioactivity has reached the limit of the capabilities of both space and personnel.

Work has steadily increased in the Plumbing Laboratory, particularly in the construction and use of modern stacks, vents, gages and other components of pressure and vacuum systems so that definite exploration has been made of the hydromechanics of home plumbing. The long-time program of testing of metallic and non-metallic pipes and fittings has been amplified. None of the work appears in the listing of sample numbers but all of this has a very important bearing on the eventual form of a State plumbing code.

The older activities of the Station continued to show a steady increase. The Bacterial Laboratory continued its examinations of public water supplies, of river surveys and of semi-public supplies. Examination of shellfish and seaweeds was continued. As usual, this laboratory engaged in very considerable amounts of research work on bacterial methods in general, but particularly in the use of the membrane filter and in the examination of the bacterial efficiency of diatomaceous earth filters and similar mechanisms. The Department program of laboratory approval continues to take added amounts of time each year.

In the Engineering Research Laboratory the fundamental studies on the treatment of sewage were further expanded both in regard to the use of aeration systems and new phases of anaerobic digestion. There has been a very considerable amount of work on the coagulation and sedimentation of highly colored and turbid waters to determine the usefulness of these methods without the employment of filters. As usual, there have been investigations of the treatment of wastes such as those from tanneries, textile plants, chemical plants and particularly this year on ice cream plants, both alone and in connection with domestic sewage. In cooperation with the engineers a very extensive study was made of the effect of tannery wastes on incrustations in a domestic sewerage system. Determinations of the various oxygen demand values on pure and commercial chemicals have been found to be very useful in the work in industrial wastes.

The Chemical Laboratory has continued its usual extensive program of analyses of water supplies, sewerage and sewage effluent plants, and bathing areas and rivers. The laboratory control work in connection with fluoridation of water supplies has been continued.

Probably the most important work of the bacteriological laboratory is the constant, continued examination of about 350 water supplies. Examinations are made from every supply at least every four weeks, and from certain critical areas relatively large numbers of samples are examined weekly. The desirable number of samples has been prescribed by the United States Public Health Service and in the case of the larger cities this has made it necessary that local laboratories be established. For most of the smaller supplies, however, sufficient numbers of examinations are made at the Experiment Station to meet or approach the desired number. In almost every case these samples include the raw water, the effluent from filtration, if any, samples taken after chlorination and, usually, taps on the distribution system.

great boon in improving sanitary conditions under which milk is produced and kept after pasteurization. Studies of new types of equipment in the process of pasteurization are being made. Less and less inspectional work is being done on the local level and with the extremely limited inspectional force available at the State level a serious inspection deficiency has developed.

Self-service retail food establishments with their variety of "prepackaged foods" and "ready to eat" meals have created new problems of supervision and inspection.

Frozen foods constitute one of the current major problems. Production of these foods in the past was from large outlets or factories which had strict technical control over their manufacture. Now we have hundreds of small establishments producing all kinds of frozen foods and many of the proprietors have no concept of the problems faced in producing frozen articles. Many frozen food products have been found with high bacterial counts, indicating a high degree of unsanitary conditions in their preparation. Another serious problem concerns distribution of frozen products; upon reaching distributors many of these foods are allowed to thaw either while on the shipping platform or while being delivered in unrefrigerated trucks. Fluctuations of temperature cause a deterioration in the quality of the food and of vitamin components. The Division of Food and Drugs is conducting an educational program with retail and jobber distributors, and an extensive sanitation program is necessary. This is an extremely important public health matter inasmuch as many pre-cooked frozen foods are not subsequently heated to sufficient temperatures to destroy pathogenic organisms throughout the mass of the food.

Since the closing of the Brighton Abattoir, thousands of cattle which had been normally handled at that establishment are being slaughtered in State-inspected slaughterhouses. During a portion of last year the animals slaughtered totaled 20,679; an increase of 22.5 per cent over the previous year. The condemnations increased over 500 per cent, from 856 during the previous year to 4,632 last year. The increased load will necessitate many changes in State-inspected slaughterhouses, including better facilities for handling live animals, installation of more adequate refrigeration space, etc.

Other activities of this Division include the ever-increasing inspection of poultry slaughtering, sanitary inspections of shellfish, and the enforcement of the bedding and upholstery laws.

Division of Food and Drugs

The problem of the addition of chemicals to food continues to take a considerable portion of the time of the members of this Division. There are well over 400 synthetic organic and inorganic chemicals being added to foods; a number of these come within the scope of the Federal Food, Drug and Cosmetic Act and are therefore under some control. Pending legislation would give the Federal Food and Drug Administration authority over the use of all chemical additives to food. There is a definite calculated risk in the use of many additives and before they can be used in this State their need and value to the saving of life or the prevention of disease must be proved. Last year after considerable study the Department approved the use of biphenyl as a preservative on citrus fruits under certain restrictions. As the value of aureomycin as a chemical preservative additive to poultry has not been determined, certain studies are being conducted on this process.

The proper labeling of household products that may contain hazardous or poisonous substances has been stressed by both State and Federal Food and Drug Officials. Attempts have been made to educate the general public to read labels and concern itself with the materials contained.

There have been 250 cases of harmful and narcotic drug intoxications reported to the Division of Food and Drugs during the past year. Members of the Division have been working with the Massachusetts Police Chiefs' Association, the Attorney General, and social worker groups cautioning the public against the abuse of harmful and narcotic drugs. Coordinated efforts in the enforcement of the laws have been made, but the problem is of such wide scope that more inspectors are needed.

In the inspection of catering establishments, mostly of the "itinerant" type, overloading of all types of equipment and facilities, resulting in dangerous methods of handling, storage and preparation of foods, has been found. The enforcement of modern sanitation in the many small bakeries operating in the Commonwealth constitutes a problem, and a more positive and effective law appears desirable.

This past year has seen an extensive revision of regulations pertaining to milk, both those of the Department concerning pasteurization and those of the Milk Regulation Board concerning the farm, plant and labeling of milk in general. A change in the maximum bacterial counts, requiring a reduction from 400,000 to 200,000 for raw milk and from 40,000 to 10,000 for pasteurized milk, has been effected. Some grades of raw milk have been eliminated from the market and many changes were made in the labeling requirements on milk containers. It is required that each pasteurization plant operator have his milk from each source tested in an approved private laboratory at least twice a month. Bacterial counts of milk on the Massachusetts market have reached an all-time low. The coliform standard for milk has proven a

Respectfully submitted,

Roy F. Feemster, M.D., Dr.P.H.
Commissioner of Public Health

Gordon M. Fair, B.S., Dr.Ing.

William H. Griffin, D.M.D.

Paul J. Jakmauh, M.D.

Raymond L. Mutter

Conrad Wesselhoeft, M.D.

Charles F. Wilinsky, M.D.

Public Health Council

FORTY-FIFTH ANNUAL REPORT

of the

7-20-1 DEPARTMENT OF PUBLIC HEALTH

July 1, 1958 to June 30, 1959

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MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

June 30, 1959

Commissioner of Public Health, Alfred L. Frechette, M.D., M.P.H.

PUBLIC HEALTH COUNCIL

Alfred L. Frechette, M.D., M.P.H., Chairman

Conrad Wesselhoeft, M.D., 1953-60 William H. Griffin, D.M.D., 1945-63
Paul J. Jakmauh, M.D., 1949-61 Charles F. Wilinsky, M.D., 1946-64
Gordon M. Fair, B.S., Dr. Ing., 1956-62 Raymond L. Mutter, B.S., R.S., 1947-65
Florence L. Wall, Secretary

BUREAU OF ADMINISTRATION

Division of Administration Harry W. Attwood, Director
Division of Health Information Anthony V. Caramello, M.P.H., Director
Division of Training Dwight C. Monnier, Ed.D., Director

BUREAU OF HEALTH SERVICES

Robert E. Archibald, M.D., M.P.H., Bureau Chief

Division of Local Health Services Robert E. Archibald, M.D., M.P.H.,
Director and Deputy Commissioner
Division of Maternal and Child Sallie Saunders, M.D., Director
Health Services

BUREAU OF HOSPITAL FACILITIES

A. Daniel Rubenstein, M.D., M.P.H., Bureau Chief

Division of Hospital Facilities A. Daniel Rubenstein, M.D., M.P.H.
Director

BUREAU OF PREVENTIVE DISEASE CONTROL

Herbert L. Lombard, M.D., M.P.H., Bureau Chief

Division of Cancer and Chronic Herbert L. Lombard, M.D., M.P.H.
Diseases Director
Division of Communicable Diseases Roy F. Feemster, M.D., Dr.P.H.
Director
Division of Venereal Diseases Nicholas J. Fiumara, M.D., M.P.H.,
Director
Division of Dental Health William D. Wellock, D.M.D., M.P.H.
Director
Division of Alcoholism James B. Moloney, M.D., Director

BUREAU OF ENVIRONMENTAL SANITATION
Worthen H. Taylor, B.S., Bureau Chief

Division of Sanitary Engineering Worthen H. Taylor, B.S., Director

Division of Food and Drugs George A. Michael, B.S., Director

BUREAU OF TUBERCULOSIS CONTROL
William H. Weidman, M.D., Bureau Chief

Division of Sanatoria and William H. Weidman, M.D., Director
Tuberculosis

BUREAU OF INSTITUTE OF LABORATORIES
Johannes Ipsen, M.D., M.P.H., Bureau Chief

Division of Biologic Laboratories James A. McComb, D.V.M., Director

Division of Diagnostic Robert A. MacCready, M.D., Director
Laboratories

District Health Officers under Division of Local Health Services

Southeastern District Grace E. Lutman, M.D., Dr.P.H.
Lakeville State Sanatorium
Middleboro

Northeastern District Frederick A. Dunham, M.D., M.P.H.
North Reading State Sanatorium
North Wilmington

Central District Arthur E. Burke, M.D., M.P.H.
Rutland State Sanatorium
Rutland

Western District Walter W. Lee, M.D., M.P.H.
University of Massachusetts
Amherst and
246 North Street, Pittsfield

Institutions under Division of Sanatoria and Tuberculosis

Lakeville State Sanatorium	George L. Parker, M.D., Superintendent
North Reading State Sanatorium	Roland R. Cartier, M.D., Superintendent
Rutland State Sanatorium	Paul Dufault, M.D., Superintendent
Westfield State Sanatorium	Wilson W. Knowlton, M.D., Superintendent
Pondville Hospital	Claire W. Twinam, M.D., Superintendent
Lemuel Shattuck Hospital	William H.H. Turville, M.D., Superintendent
Massachusetts Hospital School	John J. Carroll, M.D., Superintendent
Tewksbury Hospital	Thomas Saunders, Superintendent

ANNUAL REPORT OF PUBLIC HEALTH COUNCIL

Alfred L. Frechette, M.D., M.P.H., Chairman

Herewith is submitted the annual report of the Public Health Council for the fiscal year ending June 30, 1959.

Meetings

Regular monthly meetings were held in accordance with General Laws, Chapter 17, Section 3. In accordance with the provisions of Chapter 626 of the Acts of 1958, notices of all regular and special meetings were filed with the Commissioner of Administration and Finance and with the Secretary of State.

The July 8, 1958 meeting was held at Rutland State Sanatorium. In connection with the meeting an inspection was made of the improvements under way at the Sanatorium, including the creation of single rooms for patients to replace many of the wards, the installation of fire walls, etc., and the quarters provided for recalcitrant tuberculosis patients under the provisions of Chapter 615 of the Acts of 1957 which authorized the establishment of a treatment center for patients who need hospitalization but are uncooperative in remaining under treatment and thus become a menace to the public health. The office of the Central District, located at Rutland, was visited by the Council and the work and particular problems of the District were discussed with the District Health Officer and members of the staff.

The August 12, 1958 meeting was held at Edgartown and included an inspection of the 38-bed Martha's Vineyard Hospital at Oak Bluffs where the Superintendent conducted the Council on a tour of inspection, particularly of the additions made possible by a grant of Federal funds by this Department a few years previously. The next day the Council visited the new Nantucket Cottage Hospital which in 1956 also received an allotment from the Federal Hospital Survey and Construction grant. A detailed inspection was made of the medical, surgical, obstetrical and pediatric wards, as well as the administrative, housekeeping and maintenance units.

Another special meeting was held on July 9, 1958 at the Western District Office at Amherst where the facilities provided for this office at the new Health Center Building were inspected and local problems discussed with the District Health Officer. On this same date the Council visited Westfield State Sanatorium and viewed the institution programs which were not in effect at the time of the Council's last visit in 1953.

A third special meeting, on January 22, 1959, was held primarily to advise the Commissioner on pressing personnel problems in the Department and at Lemuel Shattuck Hospital.

The Committee on Environmental Sanitation, composed of Dr. Jakmauh, Chairman, Mr. Mutter and the Commissioner, has met regularly during the year prior to the regular Council meetings to study matters of sanitary significance and prepare recommendations for presentation to the full meeting of the Council.

Early in 1959 a Committee on Hospital Problems, composed of Dr. Wilinsky, Dr. Wesselhoeft, Dr. Jakmauh and Dr. Griffin, was appointed by the Chairman to consider and advise on general and specific problems connected with the Department's institutions. Subsequently this Committee met four times, including a visit to Tewksbury Hospital on June 19, 1959.

General Duties

The regular duties imposed upon the Council by General Laws, Chapter 111, Section 3, and other statutes have been carried out. The licensure program includes the approval and licensing of hospitals, blood banks, convalescent and nursing homes, rest homes, public medical institutions, city and town infirmaries, dispensaries and dental clinics, and medical schools and laboratories to obtain impounded animals; these approvals are based upon reports of inspections by members of the Department who inspect to ascertain if the facilities comply with the Department's minimum standards for licensure. Other duties include the certification of laboratories which have taken part in the annual evaluation carried on by the Institute of Laboratories and have demonstrated their ability to perform satisfactorily certain tests; approval of professional personnel at State, county and municipal sanatoria; approval of food regulations of local communities; advice to communities and official agencies on sanitary problems of water supply, sewage disposal, nuisances and offensive trades, and the prevention of pollution of inland and tidal waters; and approval of out-of-state shellfish dealers which have been approved by their respective state authorities.

Contracts and agreements were approved and signed on behalf of the Commonwealth with Harvard University School of Public Health concerning an Institute on Leukemia and Other Malignant Neoplasms; with the city of Springfield for the care of tuberculosis patients from that city at State sanatoria; with Hampden County Commissioners for the care of tuberculosis patients from Hampden County Hospital District at Westfield, Rutland and Lakeville State Sanatoria; and with Lynn Hospital relative to the operation of the Lynn Crippled Children's Clinic.

Renewal agreements between the Counties of Dukes and Barnstable, between the Counties of Nantucket and Barnstable and between Worcester County and the city of Worcester, for the care of tuberculosis patients, were approved.

Special Matters

This year witnessed several changes in the superintendencies of the Department's institutions. In November, 1958 Dr. George L. Parker was appointed as Superintendent of Lakeville State Sanatorium in place of Dr. Harry A. Clark who had retired; Dr. Claire W. Twinam was appointed as Superintendent of Pondville Hospital in place of Dr. Parker; and Dr. Roland R. Cartier was appointed as Superintendent of North Reading State Sanatorium in place of Dr. Twinam.

In April, 1959, the towns of Dunstable, Tyngsborough and Westford, which in May, 1956 had been transferred from the Central Health District to the Northeastern Health District to conform to civil defense areas, were returned to the Central Health District because of another shift in civil defense boundaries.

On February 10, 1959 a policy establishing the method and conditions for admission to Tewksbury Hospital was adopted by the Council.

Considerable attention was given to what is included in the term "medical center", and on May 12, 1959, under authority of General Laws, Chapter 111, Sections 71 to 73, the term "medical center" was defined as an institution composed of several hospitals or a single large hospital offering a variety of medical services, including an out-patient service.

Public Hearings

Under authority of General Laws, Chapter 111, Section 3, the Director of the Division of Sanitary Engineering was delegated to conduct public hearings on the acquisition of lands for sewage treatment plants in Brockton, Chicopee, Oxford-Rochdale, Billerica, Auburn and Sunderland; on the acquisition of land for protection of public water supplies of Canton and Cohasset; and on alleged nuisance conditions in the vicinity of a dump in Lee.

Under the provisions of Chapter 30A of the General Laws (the State Administrative Procedure Act) the Director of Hospital Facilities before recommending to the Public Health Council the revocation of a license or denial of a relicensure to a hospital because of non-compliance with the Department's standards for licensure, gave such hospital or home an opportunity to be heard to show cause why such action should not be taken.

The Director of Food and Drugs held a hearing on an additional regulation relative to Frozen Desserts and Ice Cream Mix.

The information presented at hearings held by Division Directors was presented to subsequent meetings of the Council for action.

Regulations

At a meeting on June 9, 1959 the Department's Rules and Regulations relative to Frozen Desserts and Ice Cream Mix were amended, under authority of General Laws, Chapter 94, Section 65, following a public hearing held under the State Administrative Procedure Act.

Legislative Reports

Reports prepared by the Department were approved by the Council and filed with the Legislature under authority of various resolves, as follows:

Relative to equine encephalitis, under Chapter 111 of the Resolves of 1958;

Relative to the regulation and control of radioactive materials and other sources of ionizing radiation, under Chapter 94 of the Resolves of 1958;

Relative to a ward for the treatment of certain persons in the Lemuel Shattuck Hospital, under Chapter 145 of the Resolves of 1958.

Hospital Survey and Construction

During the fiscal year approval was given to applications from the following hospitals and homes for financial assistance from Federal funds allotted to the Commonwealth by the Surgeon General of the Public Health Service under the Hospital and Medical Facilities Survey and Construction Act; in some instances they represent additional grants given because of increased cost of construction as evidenced by the bids received or because it was found on further investigation that the facility was eligible for additional funds:

Armenian Nursing Home, Jamaica Plain
Jordan Hospital, Plymouth
Cooley Dickinson Hospital, Northampton
Goddard Memorial Hospital, Stoughton
Pittsfield General Hospital, Pittsfield

Haverhill Municipal Hospital, Haverhill
Jewish Memorial Hospital, Boston
North Shore Babies Hospital, Salem
Falmouth Hospital, Falmouth
Framingham Union Hospital, Framingham

Stephen Caldwell Nursing Home, Ipswich
Wesson Maternity Hospital, Springfield
Addison Gilbert Hospital, Gloucester
Union Hospital, Fall River
Whidden Memorial Hospital, Everett

Lowell General Hospital, Lowell
Wing Memorial Hospital, Palmer
Beverly Hospital, Beverly
Holy Ghost Hospital, Cambridge

On May 12, 1959 the Council agreed that in future controversial instances coming before the Department in the matter of Federal allotments for hospital construction or other projects under the program, before a decision is made a sub-committee of the State Advisory Council for the Administration of the Hospital and Medical Facilities Survey and Construction Act be invited to appear before the Council to present its opinion.

Personnel

Upon appointment by His Excellency Governor Foster Furcolo, Dr. Alfred L. Frechette on January 12, 1959 assumed the position of Commissioner of Public Health and, therefore, under the provisions of General Laws, Chapter 17, Section 3, became ex officio Chairman of the Public Health Council.

During the fiscal year Dr. William H. Griffin of Boston and Mr. Raymond L. Mutter of Holyoke were appointed by Governor Furcolo to their third consecutive terms as Public Health Council Members.

At the close of the fiscal year, June 30, 1959, the membership of the Public Health Council was as follows:

Alfred L. Frechette, M.D., M.P.H., Chairman
Conrad Wesselhoeft, M.D., 1953-60
Paul J. Jakmauh, M.D., 1949-61
Gordon M. Fair, B.S., Dr.Ing., 1956-62
William H. Griffin, D.M.D., 1945-63
Charles F. Wilinsky, M.D., 1946-64
Raymond L. Mutter, B.S., R.S., 1947-65

Acceptance of Report

At a meeting of the Department on November 10, 1959, the Commissioner presented to the Council a report of the Department of Public Health for the fiscal year 1959, and it was voted that the report, together with the foregoing brief summary of the activities of the Public Health Council, be approved and adopted as the report of the Department of Public Health for the fiscal year 1959.

FORTY-FIFTH ANNUAL REPORT OF THE COMMISSIONER OF PUBLIC HEALTH

To the Public Health Council:

Gentlemen:

I have the honor to submit the forty-fifty annual report of the Department of Public Health for the fiscal year ending June 30, 1959.

During the first half of the period of this report Dr. Roy F. Feemster was Commissioner of Public Health. Dr. Alfred L. Frechette, being appointed and duly qualified by His Excellency Governor Foster Furcolo, on January 12, 1959 assumed the position of Commissioner of Public Health.

BUREAU OF ADMINISTRATION

On the first Monday of each month the Commissioner has held staff conferences with the Division Directors to discuss Department policies and administrative procedures. A half-day meeting for the entire Department staff was held on March 19, 1959.

In compliance with the annual request of the Surgeon General, Governor Furcolo authorized the Commissioner to attend the Annual Conference of State Health Officers with the Surgeon General of the Public Health Service and with the Chief of the Children's Bureau in Washington, and the Annual Meeting of the American Public Health Association in St. Louis.

The Department has maintained a close working relationship with the Massachusetts Medical Society, the Massachusetts Dental Society, the Massachusetts Public Health Association and other official and professional organizations to develop and coordinate public health programs throughout the Commonwealth by unified planning.

In May, 1959 a new non-profit corporation to be known as the Massachusetts Health Research Institute, Inc. was organized, with the deans of the three local medical schools and the school of public health and the President of the Massachusetts Medical Society included on its Board of Directors. This corporation, by receiving funds and allocating them for research, will facilitate, encourage and strengthen the research programs of the Department conducted at the various institutions. The Commissioner of Public Health was elected President of this corporation.

Department Space

The problem of cramped, inadequate and scattered housing of the Department offices which has confronted the Department for many

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years, continues. At the present time five divisions and three sections of the Department, exclusive of the laboratories, are located in Boston in rented quarters outside the State House. Adequate space in a single building is necessary to permit efficient operation of the Department's programs and provide the adequate health services which the public has a right to expect. In the spring of 1959 considerable attention was given by all Division Directors to Special Survey Analysis Forms on which was indicated the space each division would require in the proposed new State Office Building, as part of a study being made in connection with plans for this building.

Boards and Commissions

By various statutes the Commissioner of Public Health is a member of the following boards or commissions: Council for the Aging, Commission on Alcoholism, Approving Authority for Medical Schools, Approving Authority for Schools for Medical Laboratory Technicians, Approving Authority for Schools for X-ray Technicians, Milk Regulation Board, New England Interstate Water Pollution Control Commission, Rating Board, Commission on Rehabilitation, Water Resources Commission and Weather Amendment Board. As it is obviously impossible for one person to attend all meetings of so many boards, the Commissioner attended personally as many meetings as possible and designated various staff members to attend others, so that the Department was represented at all meetings of these commissions.

Medical Panels

Section 6 of Chapter 32 of the General Laws authorizes the Commissioner of Public Health to appoint chairmen of medical panels to review applications from and examine State and municipal employees applying for disability retirement. The chairman of each panel, insofar as is possible, must be a physician skilled in the particular branch of medicine or surgery upon which the applicant bases his application for disability retirement. The other two members of the panel are selected by the applicant and the local retiring authority.

During the year covered by this report, 644 new applications were received and processed. This is the lowest number of new applications in any one year since the law giving the Department this responsibility went into effect in 1951. However, because of the inability or unwillingness of one or more panel members to serve, 56 of these applications had to be processed twice, 12 were processed three times, and three had to be processed four times, adding considerably to the administrative work involved in the selection of panels.

In addition to medical panels for applicants for disability retirement, upon application for an annuity made by the widow of a firefighter or police officer or certain other employees whose work involves considerable risk, under Section 89 of Chapter 32

of the General Laws the Department designates the third member of a board to determine whether or not the death of said employee was the result of an injury received in the performance of his duty. Annually about fifty such applications are received and processed.

Rating Board

The State Police Retirement Rating Board interviewed four men who had applied for retirement because of illness or injury received in line of duty. After examination of the applicants and review of their records, three of these applicants were recommended for disability retirement.

Two State Police Detective Lieutenants were examined and found to be physically fit to continue for another year. This duty of the Rating Board whereby State Police Detective Lieutenants upon reaching the age of fifty-five or completing twenty years of service were required to have an annual physical examination to determine their fitness to continue working to the compulsory retirement age of sixty-five, was terminated by the passage of Chapter 589 of the Acts of 1958, which transferred these officers to a different classification group under the retirement law.

White House Conference

As the fiscal year closed arrangements were being made for the State's participation in the White House Conference on Children and Youth to be held in Washington in 1960. A Massachusetts Committee was appointed by Governor Furcolo in May, 1959, with Dr. Martha M. Eliot as Chairman. The objectives of this Committee are twofold: to study the needs of children in the Commonwealth and make recommendations as to action required to meet these needs; and to participate in the work of preparation for the 1960 White House Conference. Departmental participation and cooperation with this Committee will be intensified during the next fiscal year.

Regulations

The following rules and regulations have been promulgated by the Department and are still in effect:

Distribution of biologic products

Adopted 4/9/35; amended 5/14/40; 1/11/49; 12/15/53

Sale of surplus biologic products

Adopted 4/12/49; amended 4/15/53

Use of blood or other tissues for purposes of transfusion

Adopted 1/10/39; amended 4/10/39; 10/7/41; 11/4/41; 9/14/48; 3/11/52; 6/12/56

Cancer clinics and service unit values

Adopted 8/12/26; amended 6/14/27; 3/13/28; 1/5/35; 9/14/43; 10/5/43; 11/1/43; 12/14/43; 4/11/44; 1/14/47; 10/18/55

List of diseases dangerous to public health

Adopted 1907; amended 12/15/14; 12/14/15; 2/16/17; 4/3/17; 12/18/17; 10/29/18; 11/18/20; 12/8/21; 9/18/28; 6/11/35; 12/10/35; 11/10/36; 2/14/39; 5/1/41; 5/12/42; 4/14/43; 10/5/43; 12/14/43; 1/11/44; 11/3/48

Diseases declared to be dangerous to the public health and reportable

Adopted 1907; amended 12/15/14; 12/14/15; 2/16/17; 4/3/17; 12/18/17; 10/29/18; 11/18/20; 12/8/21; 9/18/28; 6/11/35; 12/10/35; 11/10/36; 2/14/39; 5/1/41; 5/12/42; 4/14/43; 10/5/43; 12/14/43; 1/11/44; 11/3/48

Isolation and quarantine requirements of diseases declared to be dangerous to public health

Adopted 8/9/38; amended 5/13/41; 1/11/44; 11/3/48; 8/12/52

Transportation of bodies dead of diseases dangerous to public health

Adopted 7/12/38; amended 8/9/38; 2/14/39

Funerals of persons dead of any disease dangerous to public health

Adopted 8/9/38; amended 5/13/41; 1/11/44

Procurement of impounded animals from animal pounds for purpose of scientific investigation, experiment or instruction, or for the testing of drugs or medicines

Adopted 12/10/57

Cremation

Adopted 12/5/07; amended 10/29/18

Treatment of persons exposed to rabies

Adopted 8/10/37; amended 5/13/41

Approval of bacteriological and serological laboratories

Adopted 9/12/39

Use of a common drinking cup
Adopted 3/22/16

Use and concerning the providing of a common towel
Adopted 12/16/15; amended 3/22/16

Approval of lodging houses
Adopted 7/6/05

Barbering and barber shops
Approved 12/6/49

Cross connections between public water supplies and fire and
industrial water supplies
Adopted 2/9/37; amended 5/12/42; 10/9/51

To prevent pollution or contamination of any or all of the lakes,
ponds, streams, tidal waters and flats within the Commonwealth or
of the tributaries of such tidal waters and flats
Adopted 8/14/45; amended 10/14/45

Supervision of plumbing
Adopted 6/11/35; amended 8/6/40; 1/10/50; 5/8/56

Minimum standards of fitness for dwellings
Adopted 12/6/49; amended 3/8/55

Operation of plants for the purification of shellfish
Adopted 6/5/28; amended 10/7/41

Enrichment of flour, white bread and rolls
Adopted 11/3/48

Establishing grades of milk
Adopted 5/8/35; amended 11/17/48; 6/12/56

Egg Nog
Adopted 6/12/56

Flavored milk
Adopted 6/12/56

Fortified non-fat milk, half and half, standardized milk
Adopted 7/10/56

Cottage cheese
Adopted 7/10/56

Mayonnaise, mayonnaise dressing, mayonnaise salad dressing, salad
dressing, french dressing
Adopted 7/10/56

Fruit butter, fruit jelly, preserves and jams
Adopted 7/10/56

Sale of rabbits intended for food purposes

Adopted 5/14/29

Governing the business of cold storage, made under the provisions of General Laws, Chapter 94, Section 67

Adopted 10/10/33

Sterilization of feathers, down and secondhand materials intended for use in the manufacture of articles of bedding and upholstered furniture

Adopted 11/12/35

Labelling of articles of bedding and upholstered furniture

Adopted 12/10/30; amended 11/12/35

Manufacture and bottling of carbonated non-alcoholic beverages, soda water, mineral and spring water

Adopted 11/12/35; amended 4/7/36

Uncarbonated fruit beverages

Adopted 5/8/56

Business of slaughtering and meat inspection

Adopted 7/9/31; amended 12/10/35; 9/14/43

Poultry slaughterhouses

Adopted 9/14/43; amended 8/6/46

Approval of contracts for the production and distribution of certified milk

Adopted 7/14/36; amended 10/14/36

Frozen desserts and ice cream mix

Adopted 9/11/34; amended 5/8/56; 6/9/59

Bakeries and bakery products

Adopted 2/14/33; amended 1/10/50

Definition of "pasteurized milk"

Adopted 7/8/41; amended 11/4/41; 6/15/50

Establishments for pasteurization of milk

Adopted 2/12/35; amended 6/15/50; 10/20/53; 6/12/56

Standards and definitions of purity and quality of food

Adopted 2/9/37; amended 5/8/56

Pork products intended to be eaten without cooking

Approved 2/12/24

Dietetic foods

Adopted 5/12/53

Cacao products
Adopted 8/13/57

Licensing of hospitals and sanatoria
Adopted 4/14/42; amended 2/9/43; 12/14/43; 3/14/50

Licensing of rest homes
Adopted 11/3/48; amended 12/3/57

Licensing of convalescent and boarding homes
Adopted 11/3/48; amended 12/3/57

Dispensary license
Adopted 1/12/19; amended 5/13/19; 5/10/38

Dental clinic license
Adopted 8/10/43

General Rules for Police Station Houses, Lock-ups, Houses of Detention, Jails, Houses of Correction, Prisons and Reformatories
Adopted 1910; amended 4/8/30; 6/15/48

To establish standards for tuberculosis hospitals and sanatoria
Adopted 6/14/27; amended 6/5/28; 8/12/32; 1/17/39; 5/10/38;
10/21/48

Obtaining state subsidy
Adopted 5/11/20; amended 6/5/28; 2/14/33; 3/13/34

Minimum requirements for tuberculosis dispensaries as defined by the Department of Public Health
Adopted 4/6/15; amended 7/11/16; 11/7/19; 7/14/25; 4/11/33

Active tuberculosis and methods of determining it in certifications made by boards of health and physicians
Adopted 12/11/56

Responsibility of superintendent or director of a tuberculosis hospital
Adopted 5/14/57

Minimum requirements for uniform dispensary record system
Adopted 7/14/25

Governing the hospitalization of patients with chronic rheumatism
Adopted 5/8/45

Reporting and control of venereal diseases
Adopted 12/18/17; amended 5/12/18; 6/11/18; 3/11/19; 11/12/23;
10/1/25; 10/8/29; 1/14/30; 1/14/36; 8/9/38; 4/11/44; 11/3/48

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Treatment of persons suffering from venereal diseases who are
unable to pay for private medical care

Adopted 2/14/33; amended 8/10/37; 8/9/38; 9/12/39; 11/6/40;
4/13/48; 11/3/48

Issuance of premarital medical certificates

Adopted 4/11/50

Approved prophylactic remedy for use in the eyes of infants at
birth

Adopted 5/12/36

Physical examination of school children

Adopted 3/11/52; amended 8/25/53; 3/9/54; 2/14/56

Labeling of receptacles containing Benzol (Benzene), Carbon
Tetrachloride and other harmful substances (approved jointly
with Department of Labor and Industries)

Adopted 6/12/56

Regulations promulgated by Director of Marine Fisheries

Approved for sanitary requirements 4/13/42; 12/10/57

Legislation

The following legislation of particular interest to public health was passed by the 1958 and 1959 Legislatures, and enacted into law:

Acts of 1958 - (July 1 - October 22, 1958)

Chapter

- 441 - An act relative to the approval of certain proposed corporations. These corporations refer to facilities which must be licensed by the Department of Public Health, such as hospitals, homes, etc. Under this law the Department of Corporations and Taxation will have before it the approval of the Department of Public Health before instituting its own investigation prior to issuance of a charter for a corporation which must be licensed by the Department of Public Health.
- 449 - An act relative to blood tests in order to control brucellosis of cattle imported into the Commonwealth. Under this statute the Director of Livestock Disease Control or his representative may make by random selection such blood tests for brucellosis of cattle over six months of age and unvaccinated or over thirty months of age whether or not officially vaccinated, as will effectively control brucellosis.
- 465 - An act relative to the burial of bodies brought into the Commonwealth. The purpose of this law is to assist funeral directors to expedite the burial of these bodies without first having to contact the proper individual in the community for a perial permit; in a small town it has often been difficult to locate the person having this responsibility.
- 469 - An act providing for the right of appeal from an order of a board of health which adjudges the operation of a farm to be a nuisance. By this legislation the operator of a farm is given ten days after receiving an abatement order in which to file a petition for review in district court, and, pending review by the court, the order is suspended.
- 502 - An act providing that the Commissioner of Rehabilitation shall be a member of the Advisory Council on Alcoholism.
- 519 - An act authorizing the Commissioner of Public Health to transfer certain land in the city of Westfield to the Division of Youth Service for the purpose of constructing a place of custody thereon.
- 584 - An act relative to membership of the Board of Registration of Professional Engineers and of Land Surveyors, and regulating the practice of professional engineering and of land surveying. Under this law all persons practicing engineering

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(aeronautical, chemical, civil, electrical, heating, industrial, mechanical, sanitary, structural, etc.) and land surveying in the Commonwealth must be registered. Registration is not required for the practice of the various trades such as plumbing, heating, ventilation, air conditioning and refrigeration.

- 585 - An act providing that persons engaged in the practice of physical therapy be registered by the Board of Registration in Medicine.
- 600 - An act relative to the establishment of rates to be paid by the Commonwealth or its political subdivisions for nursing or convalescent home care. The Director of Hospital Costs and Finances is named as the person to determine at least annually per diem rates to be paid to nursing or convalescent homes, said rates to be "adequate and reasonable" and "include a fair return on invested capital". Provision is made for the licensee of a home dissatisfied with a rate to appeal to said director.
- 610 - An act prohibiting the sale of tobacco products which have been contaminated by fire, smoke or water.
- 612 - An act establishing within the Department of Public Health a Division of Food and Drugs and a Drugs Control Section.
- 613 - An act changing the name of the Tewksbury State Hospital and Infirmary to Tewksbury Hospital and transferring said hospital to the Department of Public Health. This transfer will become effective January 1, 1959. There will then be eight institutions under the jurisdiction of the Department of Public Health. The acquisition of this institution will help to strengthen the program for the care of persons with chronic diseases.
- 626 - An act providing that certain meetings of certain public boards and commissions shall be open to the public. This act applies to state, county, district, city and town boards and commissions. Provision is made for executive sessions under certain conditions.
- 661 - An act establishing the office of Federal-State Coordinator under the Commissioner of Administration.
- 662 - An act establishing a Commission on Employment of the Handicapped and designating the first full week of October as Employ the Handicapped Week. This legislation adds a "commission on employment of the handicapped" to the Massachusetts Rehabilitation Commission. The Commissioner of Public Health is named as a member of this Commission. One of the objectives of the legislation is to create state-wide interest in the program to promote employment of the handicapped and encourage the organization of committees at the local level to assist in this program.

- 673 - An act authorizing the transfer of certain funds appropriated for the Department of Public Welfare to the Department of Public Health for the maintenance of the Tewksbury Hospital, and the transfer of certain funds and permanent positions to said hospital. Chapter 613 transferred Tewksbury Hospital to the Department of Public Health. Chapter 673 assures the orderly transfer of funds necessary for the reassignment of clerical and professional personnel to the proper agency and account.

Resolves of 1958 (July 1 - October 22, 1958)

- 134 - Increasing the scope of the investigation and study by the Department of Public Health relative to radioactive materials. The transportation and handling of radioactive materials in intra and interstate commerce is included in the study.
- 138 - Resolve increasing the scope of the special commission established to investigate and study the systems of sewerage and sewage disposal in the North and South Metropolitan Sewer Districts and the city of Boston, and the Metropolitan Water supply.
- 143 - Resolve providing for a study by a special unpaid commission relative to the laws relating to convalescent or nursing homes, and to the standards and costs thereof.
- 145 - Resolve authorizing the Department of Public Health to make an investigation and study relative to a ward for the treatment of certain persons in the Lemuel Shattuck Hospital.
- 155 - Resolve continuing the investigation and study by the Department of Public Works relative to great ponds and certain other matters.

Acts of 1959 (January 1 - June 30, 1959)

Chapter

- 131 - An act relative to certain funds of patients now or formerly in institutions under the supervision and control of the Department of Public Health. This legislation gives superintendents of institutions legal authority to administer funds which may be deposited for any patient who is physically or legally incapable of managing his own affairs.
- 189 - An act relative to the approval or disapproval of preliminary plans by a planning board under the subdivision control law and relative to notice thereof.

- 200 - An act providing for the admissibility in evidence of records of dispensaries or clinics, and sanatoria.
- 210 - An act penalizing the use of certain narcotic preparations except in good faith as a medicine.
- 219 - An act requiring that retail sale of certain edible fish be made by weight.
- 248 - An act further regulating the sale of instruments adapted for the subcutaneous injection of narcotic drugs. This act provides means of identification of hypodermic syringes and needles, by requiring that a pharmacist filling a prescription for such instrument shall enclose it in a sanitary container with the proper identification and that the person to whom it is issued shall keep it in such container at all times.
- 283 - An act authorizing the consolidation of the Children's Hospital and the Children's Medical Center, Inc. under the name of the Children's Hospital Medical Center, and the consolidation of certain other charitable corporations with the Children's Hospital Medical Center.
- 344 - An act increasing the fees for the examination and registration of physicians.
- 396 - An act relative to the sale of agricultural, vegetable, flower and other kinds and mixtures of seeds.

Resolves of 1959 (January 1 - June 30, 1959)

Chapter

- 36 - Further continuing the investigation and study by the Department of Public Health relative to equine encephalitis.
- 42 - Continuing the investigation and study by the Department of Public Health relative to establishing a ward for the treatment of certain persons in the Lemuel Shattuck Hospital.
- 55 - Providing for an investigation and study by a special commission relative to the use of pesticides and the effects of aerial and ground spraying of insects and crops within the Commonwealth.
- 56 - Reviving and continuing the special commission established to make an investigation and study relative to the establishment of an atomic energy industrial research center.

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- 61 - Providing for an investigation and study by the Commissioner of Agriculture and the Commissioner of Public Health relative to living and working conditions of certain migrant and temporary laborers.
 - 63 - Reviving and continuing the special commission established for an investigation and study relative to the systems of sewerage and sewage disposal in the North and South Metropolitan Sewerage Districts and the City of Boston, and the water systems in said Districts.
 - 73 - Authorizing the Department of Public Health to make an investigation and study of the matter of abating the stench nuisance in the south end of New Bedford at Cove Road.

As the 1959 Legislature was still in session on June 30, 1959 it is expected that additional laws concerning public health and conferring new responsibilities upon the Department, and additional resolves providing for special investigations will be enacted early in the 1960 fiscal year.

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Recommendations for 1960 Legislation

Following is the legislation to be submitted to the next session of the General Court by the Department:

1. AN ACT AUTHORIZING THE DEPARTMENT OF PUBLIC HEALTH TO REGULATE ALL SOURCES OF IONIZING RADIATION. The proposed act would extend the authority of the Department of Public Health to control all sources of ionizing radiation. The existing section 5B authorizes and directs the Department of Public Health to "control the transportation, storage, packaging, sale, distribution, production and disposal of radioactive materials which may affect the public health...." The primary concern should be not with the material itself but with the ionizing radiation emitted therefrom, since, except where the material itself is toxic, it is the emitted radiation which produces damage. The present proposal extends coverage by the department to x-ray machines, fluoroscopes and all other radiation producing machines.

2. AN ACT FOR THE INDEMNIFICATION OF STATE OFFICERS, EMPLOYEES AND AGENTS IN CONNECTION WITH ACTIONS ARISING OUT OF THEIR USE OF OR ACTIONS CONCERNING HAZARDOUS MATERIALS AND SOURCES OF IONIZING RADIATION. The Commonwealth has an obligation to protect its officers, employees or agents so long as they are properly carrying out their assigned duties. This obligation is recognized by section 3B of chapter 12, authorizing the Attorney General to defend and settle claims against state employees operating state vehicles. The proposed section 3E of chapter 12 would provide a similar provision in the case of radiation damage; proper steps to have its provisions enacted into law are urged. It is apparent that the proposed act covers all hazardous materials; it is felt that if ionizing radiation warrants this treatment, so do all other materials or applications which might result in litigation involving state employees. In the interest of efficient legislation, the proposed bill was drafted so as to include all hazardous materials.

3. AN ACT RELATIVE TO CONTROL OF AIR POLLUTION IN THE CITY OF BOSTON AND VICINITY. The purpose of this bill is to replace the present Division of Smoke Inspection of the Department of Public Health with an agency which can efficiently and economically effect the proper control of all air contaminants throughout the metropolitan area. The statutory limitations of the present law permit control by the Division of Smoke Inspection only of black smoke from stacks, whereas the need is for a uniform means of control of all types of air pollution over the entire affected area. Further, the present statute, Chapter 651 of the Acts of 1910, does not provide for any representation by the communities of the smoke control district over the expenditure of funds which they provide, or over the degree of control exercised. The proposed act would remedy these defects. It would replace the Division of Smoke Inspection with a Metropolitan Air Pollution Control Commission in the Department of Public Health, and the Commission would be empowered to adopt and enforce suitable air pollution control regulations, with the Division of Sanitary Engineering providing all necessary services, including manpower, equipment, and laboratory services.

4. AN ACT TO PREVENT THE POLLUTION OF SOURCES OF PUBLIC WATER SUPPLY. Under present conditions, activities or structures presenting serious polluttional hazards may be instituted near a public water supply source and no corrective action can be taken by the Department until after the pollution has occurred. Passage of the bill would protect the health of all water consumers and would protect the health of the users of semi-public water supplies not authorized by legislation, since Section 159 of Chapter 111 states that the Department shall have oversight and care of all inland waters and underground waters used by any person in the Commonwealth.

5. AN ACT REGULATING CROSS CONNECTIONS BETWEEN PUBLIC WATER SUPPLIES AND OTHER WATER SUPPLIES. At the present time there are about 900 double check valve installations protecting cross connections between public water supplies and secondary water supplies used by industrial plants and similar establishments. The request for additional installations increases each year, making it difficult for the personnel of the Division of Sanitary Engineering to make proper inspection and testing of the installations. Establishing an annual permit fee would help defray the cost of the inspection which is designed to protect the health of the water consumers on systems where such installations are permitted.

6. AN ACT RELATIVE TO THE CHEMICAL CONTROL OF ALGAE, WEEDS AND OTHER AQUATIC NUISANCES. Many of the lakes, ponds and streams of the Commonwealth are becoming choked with heavy growths of aquatic weeds resulting in hazards to swimming, boating, fishing and other recreational interests. The Departments of Public Health, Public Works and Natural Resources have been engaged jointly in research to control such aquatic growths by means of chemicals. Effective chemicals are generally toxic to man, fish and other animals at varying concentrations. The Special Commission consisting of the three departments indicated above is currently studying this matter and is of the opinion that it is essential to establish within some existing state agency the authority to license and permit the proper use of such chemicals in the waters of the Commonwealth. The Special Commission feels that if the nuisance and hazardous conditions which arise from the growth of aquatic vegetation are not controlled or eliminated, they may result in the curtailment of all recreational uses of a lake, may create disagreeable odors and appearance, may lower property values, and may jeopardize fish populations. The proposed legislation would authorize the Department to license operators to apply chemical to inland waters to control aquatic vegetation.

7. AN ACT PROVIDING THAT EVIDENCE PROPERLY ATTESTED TO THAT CERTAIN PROVISIONS HAVE BEEN COMPLIED WITH SHALL BE PRIMA FACIE EVIDENCE THAT AN EFFECTIVE DETERMINATION HAS BEEN MADE. The purpose of this legislation is to facilitate the presentation of evidence in cases of prosecution of persons for violation of the shellfish laws. At the present time, the Division of Law Enforcement, Department of

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Natural Resources, must present evidence in court showing each and every step taken by the Department of Public Health in the determination of the contaminated nature of the shellfish areas, the method of publication and notification and the posting of the area. Thus the burden of proof that the area was legally closed to the taking of shellfish rests upon the prosecution. This is a lengthy procedure and frequently requires the attendance in court of representatives of the Department of Public Health for the sole purpose of presenting papers having to do with the mechanics of closing rather than in regard to the actual digging in the contaminated areas.

8. AN ACT FURTHER REGULATING LICENSING OF CAMPS, MOTELS AND TRAILER COACH PARKS. The purpose of this act is to require a person who proposes to construct a recreational camp or motel to obtain a license which is conditional upon construction in accordance with plans approved by this Department. Such conditional license and Departmental approval of plans now is required of those who propose to construct a trailer coach park.

At the present time, the Department approves plans showing the structures, fixtures and facilities to be provided for trailer coach parks prior to construction. This is not the case where a recreational camp or motel is to be built. The Department frequently is called upon to approve inadequate facilities after construction is completed, with additional expense to the licensee to comply with the requirements of the Department. The proposed law will require department approval of the plans prior to construction and permit the licensee to make such changes as may be required prior to construction.

9. AN ACT REGULATING THE DISTRIBUTION AND SALE OF PACKAGES OF HAZARDOUS SUBSTANCES INTENDED OR SUITABLE FOR HOUSEHOLD USE. Each year, hundreds of children and adults die in an extremely painful manner from the accidental ingestion of household chemicals. Proper labeling of these chemicals is recognized throughout the United States as an immediate requisite, so that adequate warning can be easily recognized by the consumer. Statements for first aid and special immediate action following the ingestion of these compounds also will save many lives.

The American Medical Association, food and drug officials and the chemical industry have agreed to certain principles which will constitute the basis of Federal legislation. State legislation is necessary, in order to protect the citizens of Massachusetts in regard to products which may be hazardous and manufactured within the Commonwealth, until such time as the Federal legislation may be passed.

One of the most important features of the bill is that it establishes a scientific method of determining what items should be labeled as poisons, irritants, sensitizers, etc. This legislation is essential for the protection of the public health.

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10. AN ACT TO RELIEVE THE SHORTAGE OF MEDICAL, DENTAL, VETERINARY AND ENGINEERING SERVICES IN CERTAIN DEPARTMENTS, INSTITUTIONS AND COMMISSIONS OF THE COMMONWEALTH. The purpose of this act is two-fold:

(1) To enable the specified agencies of the Commonwealth to attract qualified personnel in the various disciplines listed by paying higher salaries to those who are diplomates in the field in which they are to be employed.

(2) To pay qualified personnel in these disciplines who are diplomates a higher salary than non-diplomates filling the same job position, thereby retaining the services of the more highly qualified personnel who might otherwise be attracted by higher salaries paid by other states, the Federal Government or private agencies.

11. AN ACT AUTHORIZING MANICIPALITIES TO APPROPRIATE MONEY FOR HEARING AIDS FOR NEEDY SCHOOL CHILDREN. This bill would provide hearing aids for more hard of hearing or deaf children by permitting the purchase of hearing aids by local communities. Present budgetary limitations of the Division of Maternal and Child Health necessitate refusal of some requests for hearing aids for children who should be eligible for such service. The purpose of this proposed legislation be to alleviate the financial burden on parents of acquiring hearing aids for their children.

12. AN ACT CHANGING THE BIRTH WEIGHT REQUIREMENTS IN CONNECTION WITH THE PAYMENT OF HOSPITAL CARE FOR PREMATURE INFANTS. The purpose of this bill is to reduce the birth weight eligibility of premature infants from five pounds to a maximum of four and one-half pounds. This change will reduce the number of cases eligible for financial assistance.

Of 114,141 live births reported last year from 117 hospitals having a maternity service, 7,657 or 6.7 per cent were premature births. 38 per cent of the prematures weighed four and one-half pounds or less at birth and 84 per cent of deaths among prematures occurred in this weight group.

Experience has demonstrated that prematures weighing four and one-half pounds or less at birth need special facilities and trained personnel to insure survival. Financial assistance provided by local boards of health and the State would be spent more advantageously in providing specialized care only for infants weighing four and one-half pounds or less at birth. Since infants whose birth weight is over four and one-half pounds usually have a shorter stay in the hospital, parents are better able to meet the expense of these larger prematures.

FISCAL SECTION

BUDGET 1958 - 1959
DEPARTMENT - MAINTENANCE

<u>Fiscal</u> <u>Year</u>	<u>Total</u> <u>Budget</u>	<u>Per</u> <u>Capita</u>	<u>Total</u> <u>State</u>	<u>Per</u> <u>Capita</u>	<u>Total</u> <u>Federal</u>	<u>Per</u> <u>Capita</u>
1959	\$5,942,744.10	\$1.19	\$4,294,339.56	\$.86	\$1,648,404.54	\$.33

INSTITUTIONS - MAINTENANCE

<u>Fiscal Year</u>	<u>State Funds</u>	<u>Per Capita</u>
1959	\$14,555,813.00	\$2.93

GRAND TOTAL - DEPARTMENT AND INSTITUTIONS

<u>Fiscal</u> <u>Year</u>	<u>Total</u> <u>Budget</u>	<u>Per</u> <u>Capita</u>	<u>Total</u> <u>State</u>	<u>Per</u> <u>Capita</u>	<u>Total</u> <u>Federal</u>	<u>Per</u> <u>Capita</u>
1959	\$20,498,557.10	\$4.12	\$18,850,152.56	\$3.79	\$1,648,404.54	\$.33

DEPARTMENT EXPENDITURES 1958 - 1959

	<u>TOTAL</u>	<u>STATE</u>	<u>FEDERAL & PRIVATE</u>
Commissioner's Salary	\$ 13,999.96	\$ 13,999.96	-----
Administration	393,345.05	197,672.33	195,672.72
Environmental Sanitation	767,869.22	680,670.11	87,199.11
Special Projects	29,738.83	29,738.83	-----
Water Pollution	176,375.95	92,990.45	83,385.50
Preventive Disease Control	1,268,389.69	1,162,620.34	105,769.35
Polio Vaccine Program	224,979.70	224,979.70	
Polio Research Program	7,783.63		7,783.63
Influenza Diagnosis	3,823.90		3,823.90
Geriatric Program	64,228.16		64,228.16
Planning and Research	524,565.13	-----	524,565.13
Health Services	1,016,825.18	606,251.57	410,573.61
Hospital Facilities	149,879.66	133,688.92	16,190.74
Tuberculosis Control	242,454.34	175,762.89	66,691.45
Reimbursement to Cities and Towns for T.B. Patients	304,569.55	304,569.55	-----
Institute of Laboratories	705,657.95	686,942.64	18,715.31
State Employees Group Insurance	7,995.08		7,995.08
Total Outlay	34,388.97	34,388.97	-----
Grants-In-Aid	19,987.69	-----	19,987.69
TOTALS	\$ 5,956,857.64	\$4,344,276.26	\$1,612,581.38

Division of Training and Research

The major activities of this Division have been the coordinating of training activities, the determination of and satisfying of expressed needs of local health departments for training, participating in evaluation, planning training activities for local health agencies, and the development of standard reporting of training activities by divisions.

The medical social training project has been continued. This is a collaborative endeavor of the Department and the schools of social work with financing from Children's Bureau categorical grant funds. Although the number of student trainees is small, the work of the personnel employed in the project is having considerable impact on field training in social work. Utilization of Department personnel in the schools has resulted in a close liaison between them and the Department.

Early in the spring of 1959, an advisory committee to the division was appointed, consisting of the Dean of the School of Nursing, University of Massachusetts; the Director of Health Services, United Community Services; the Director of the Brookline Health Department; the Executive Health Officer of Hingham; and a representative of the Harvard School of Public Health. This group has been of great value in the development of liaison with agencies concerned with training in public health, both official and voluntary, in creating awareness of needs as seen by professionals outside the Department, and by bringing together some very able public health personnel with no official connection with the Massachusetts Department of Public Health, resulting in a fertilization of ideas for program development.

The creation of a position of supervisor of training whose primary function will be consultant to local boards of health on administrative matters has further strengthened the relationship of the Department with local health agencies.

There has been a steady growth in cooperative relationships with official and voluntary health agencies throughout the State. There has been collaboration with and participation on a Joint Liaison Committee consisting of representatives of the Metropolitan Boston Health Officer's Association, the United Community Services of Metropolitan Boston, and the Massachusetts Department of Public Health. This has increased the demand by agents of local boards of health for training.

A pilot project was completed with a short course in Local Public Health Administration offered to members of the Metropolitan Boston Health Officer's Association. Since completion, requests have been received from that organization to develop specific training courses in subjects such as public health law, records management, etc.

In response to a request from a group of public health agents, sanitarians and board of health members in western Massachusetts, another public health administration course will be offered in that area in the fall of 1959, and plans are being made for other courses in public health in various areas of the state during the coming year.

Training courses originate both in the various divisions of the Department and in schools or public health agencies. Some training programs are joint efforts of the various divisions, usually planned cooperatively with interested groups or agencies. The Division of Training has encouraged the concept of joint planning and participation.

Full-time academic training through the Department's resources was provided for a total of 11 persons employed outside the Department. In addition, 25 state employees received part-time academic training. These included physicians, nurses, social workers, technicians, etc. All funds utilized in this training were federal categorical or general grants.

A large number of specialized short courses, workshops, etc., in addition to those mentioned above were conducted on a variety of technical subjects. Lectures were given to a very large number of professional workers in public health and related fields. Practically every student nurse in Massachusetts, many teachers, clergymen, etc. received some instruction on phases of public health from Department staff members. The total number receiving this type of training was 6,173.

Field training was provided for a total of 131 persons. This included physicians, nurses, social workers, sanitarians, nutritionists, and physiotherapists.

Division of Health Information

Fiscal 1959 might be called the "New Look Year" for the Division of Health Information. It re-examined its objectives, strengthened its services, extended its activities, and gauged its needs for the coming years. In all this, health education was the basic stimulus, being regarded as "the sum total of the methods used to help people acquire the knowledge and attitudes which will lead them to take effective individual and community action." Materials production, public relations, editorial work, and the rest of the Division's manifold activities were seen as avenues to this goal of effective health education.

In keeping with the Department's policy of developing a better picture of its functions and activities in the public mind, the Public Relations Section strengthened liaison with newspaper, radio and television channels. Closer contacts with the Commissioner's office were developed, a monthly feature service for out-of-town weeklies and dailies was inaugurated, and the Division assumed responsibility for furnishing departmental bulletins, announcements,

and news items to the New England Journal of Medicine. The flow of news to the papers and to district offices and local boards of health was expedited. Closer liaison with the Governor's Office was developed in arranging joint releases, photographs, and radio and television specials.

The Editorial Section, in cooperation with the Division of Training, conducted a course in effective writing which was attended by about 30 members of the Department. A new edition of the Handbook for Physicians was compiled and sent to the printer, and should be available early in the next fiscal year. Consultation and editorial assistance were given to six divisions and the Diagnostic Laboratory.

"Commonhealth" continued to be published bi-monthly, featuring the following issues:

July-August, 1958	Summertime Health and Safety
September-October, 1958	Massachusetts in Pakistan
November-December, 1958	Biological Laboratory
January-February, 1959	Retarded Children
March-April, 1959	Rehabilitation Commission
May-June, 1959	Aging

"This Week in Public Health", in addition to routine announcements and coverage, featured such items as Mandatory Registration of Physical Therapists, Alcoholism Programs, State Committee on Children and Youth, Research in Nursing Homes, Massachusetts Health Research Institute, Dental Radiation and Safety, Tuberculosis Control in Mental Hospitals, Institute on Public Health Administration, and Lung Cancer and Smoking.

The audio-visual services are becoming a major activity of this Division. During the year, to help Department personnel keep abreast of the latest in motion picture health films a new previewing policy was established. As new films become available, personnel in the pertinent Divisions were advised, desired films were requested and critically evaluated on specially prepared evaluation forms, thus insuring a systematic approach to the purchase of films whenever possible.

A highlight of the accident prevention program was the purchase of six copies of the film "Rescue Breathing", four of which were assigned to the district health offices. These films, which deal with mouth-to-mouth resuscitation, have had many showings throughout the State to official and voluntary agencies.

With the deaths of a number of children throughout the country due to plastic bags, widespread publicity has been given to this danger. The Division of Health Information cooperated in this campaign with a publicity and educational program.

Major improvements started during the year were reorganization of the Department library, expansion of the audiovisual services, evaluation of all Department films, and development of a new film catalogue. A photographer-artist was added to the production unit and the job order system was replaced with a new and more efficient one.

The health educators had a busy and useful year; two of them completed academic training and on their return to the Division were assigned to the Northeastern and Southeastern districts. In addition, two health educators in the central office carried on program planning, community organization and assistance to division directors and others on techniques, projects, materials, etc. Consultation on accident prevention, exploration of the school health education area, and a promotional program in health careers were outstanding activities. A health educator was assigned to work with the Federation of South End Settlements in its Community Organization Department. Later she assisted the Division of Training in compiling information on trainees and current research projects.

BUREAU OF HEALTH SERVICES

Division of Local Health Services

District Health Officers met with the Director of this Division six times during the year, affording an opportunity for program review and program planning. In addition, at each conference representatives of other Divisions of the Department discussed current programs in their fields.

Visits were made regularly by the Director to the District Offices to review with the staff the goals and objectives and specific health problems of each area.

The association of local boards of health have been active throughout the year. Three new associations were organized; the Worcester County Association of Boards of Health, the Franklin County Association of Boards of Health, and the Hampshire County Association of Boards of Health.

Considerable interest in accident prevention programs was evidenced. The Health Commissioner of the city of Worcester has accumulated some excellent data on accidents and how they can be studied epidemiologically. The Southeastern Association of Boards of Health is planning an accident prevention program in the communities represented in that Association including an educational program aimed toward preventing the accidental poisoning of children. A statistical study of the number of accident cases which have attended out-patient departments in hospitals in the Nashoba area is being considered. Representatives of the Public Health Service's Division of Accident Prevention visited the Department and offered to tabulate the data collected during our three year accident prevention program.

For the first time the annual New England Conference on Rural Health was held in Massachusetts, at Amherst; for several years this had been held at the University of New Hampshire.

Public Health Nursing Section

There is growing evidence throughout the State that the Department's Public Health Nursing Advisors are being requested to provide closer supervision to local public health nurses and their employing agencies. This is due in part to a growing awareness of the importance and merit of this professional assistance, and in part to the dearth of budgetary positions on the local level. If the programs of the Department are to be satisfactorily carried out locally, this public health nursing supervisory service must continue to be provided to both suburban and rural areas.

Considerable attention was devoted to ways and means of getting public health nurses now employed better prepared for their duties. Conferences have been held with the State and local tuberculosis

leagues and with two university schools of nursing to plan an extension program which would enrich and broaden the background of nurses already employed in public health and would stimulate the nurse's appreciation of the value of additional preparation and insight into how it may be obtained.

In-service education programs held in the various Health Districts covered such subjects as tuberculosis and alcoholism, handicapping conditions of children, rehabilitation nursing, nursing records, basic principles of mental health for family service, school health service, etc.

The problem of increased case loads for medical care of children with handicapping conditions, that is orthopedic, chronic illness, plastic, and rheumatic fever has resulted in many more clinic sessions and consequently more demands on the time of the Public Health Nursing Advisors in the field.

Nutrition Section

The nutritionists have concentrated on two major activities: a variety of training programs for professional leaders and inter-professional group planning and committee work.

The role of nutrition in rehabilitation will be emphasized in the coming year and will include therapeutic angles of meals for the ill, aged and the so-called healthy persons who have inadequate or lop-sided food intakes for one reason or another. Joint conferences with other agencies on both the community and the institutional levels are planned. Several hundred proprietors of nursing and rest homes were advised on food and diet problems.

Social Work Section

Emphasis in the social work program has continued in providing direct social service in departmental medical care programs and in providing consultation service to social workers and others in community agencies relative to individuals and groups with health problems affecting their social functioning. The objective of developing a more generalized program is still a wish of this Section but the only hope for its realization seems to be in a reassessment of social work functions in certain existing programs.

Proportionately, the largest amount of social work activity still is in the field of maternal and child health. This includes service in specific departmental programs as well as referrals for social service consultation from community health and welfare agencies.

The crippled children's program accounts for the largest percentage of services given by district social workers. Activities in this program are patient-centered and include interpretation to and collaboration with social workers in hospitals, clinics and welfare agencies relative to service, eligibility, procedures, etc.

1. The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that proper record-keeping is essential for the transparency and accountability of the organization. This section also outlines the various methods used to collect and analyze data, ensuring that the information is reliable and up-to-date.

2. The second part of the document focuses on the financial aspects of the organization. It provides a detailed overview of the budget, including the projected income and expenses for the upcoming year. This section also discusses the various financial risks and how they are being managed to ensure the organization's financial stability.

3. The third part of the document addresses the operational aspects of the organization. It describes the various processes and procedures that are in place to ensure the efficient and effective delivery of services. This section also discusses the various challenges that the organization is facing and how they are being addressed.

4. The fourth part of the document discusses the human resources of the organization. It provides a detailed overview of the current staff levels and the various roles and responsibilities of the different departments. This section also discusses the various training and development programs that are in place to ensure that the staff is equipped with the necessary skills and knowledge to perform their duties effectively.

5. The fifth part of the document discusses the legal and regulatory aspects of the organization. It provides a detailed overview of the various laws and regulations that the organization is subject to and how they are being complied with. This section also discusses the various legal risks and how they are being managed to ensure the organization's legal compliance.

6. The sixth part of the document discusses the environmental and social aspects of the organization. It provides a detailed overview of the various environmental and social issues that the organization is facing and how they are being addressed. This section also discusses the various initiatives that are in place to promote sustainability and social responsibility.

7. The seventh part of the document discusses the future of the organization. It provides a detailed overview of the various strategic goals and objectives that the organization is pursuing and how they are being implemented. This section also discusses the various challenges that the organization is facing and how they are being addressed to ensure the organization's long-term success.

Many of the problems in the premature program relate to the handling of cases at the local level. Whenever practicable, it seems more advisable to work through the local board of health or hospital social service department than to have cases requesting financial assistance interviewed directly by a department social worker.

Requests for advice and assistance in planning for individuals with chronic diseases increase each year. This year there have been fewer referrals of individuals with tuberculosis and cancer, but an increase in cases of cardiovascular and neurological problems. Many of these referrals involve young adults who are severely disabled and who have limited rehabilitation potential.

The increase in the number of Department institutions has inevitably been felt in the Social Work Section. Several meetings have been held with hospital social workers to develop an eligibility guide to be used by hospitals in determining the amount of patient payment for those individuals whose bills are not being met by welfare agencies.

Educational activities have been carried out chiefly through the Medical Social Training Project and have included participation in classroom teaching activities, field training and field observation for social work students and in-service training activities.

Civil Defense

During the year fifteen Federal Civil Defense Emergency Hospitals were received and stored as follows: Area 1, Groton; Area 2, Dighton, Wareham, Middleborough, Norwell, Plymouth, Norwood and Stoughton; Area 3, Dudley, West Brookfield, North Brookfield and Sturbridge; Area 4, Blandford and Buckland. The addition of these hospitals to those previously stored brings the total to 56, one of which is a hospital used for training purposes. They will provide 11,200 beds in case of disaster.

During the past year about 1,800 people were trained in one or more of the various courses offered by the Medical Service. This number is small when related to the total needs of the Commonwealth should a disaster of major proportions strike.

Division of Maternal and Child Health Services

Maternal Care. In an effort to improve standards of care, representatives of this Division visited about a dozen hospitals throughout the State to advise on techniques of care in maternity units.

Through the combined efforts of hospitals, practicing physicians and local resources, the maternal death rate per 10,000 live births has been reduced from 2.8 in 1955 to 0.9 in 1957.

There was a substantial increase in the number of parents' classes conducted throughout the State. Education to stimulate early and continuing medical supervision of pregnant women is an important part of the Division's program. The prenatal and post-natal letter service which has been in effect for more than thirty years was evaluated this year. Almost 100 per cent of the recipients of the letters expressed appreciation for the information, guidance and encouragement expressed in the letters and requested that they be continued.

Several important studies are under way, including the maternal mortality study in cooperation with the Committee on Maternal Welfare of the Massachusetts Medical Society now in its fifth year; the study on diabetic pregnant women which has completed its fifth year; and a perinatal study in five large hospitals in Massachusetts which was started late in 1958.

Infant Care. The major emphasis in the infant care program is for infants prematurely born. Local boards of health spent approximately \$213,700 for the care of 883 premature infants born in 1958 in addition to the \$28,900 spent by the Department for the care of 101 premature infants born in 1958.

Congenital defects and birth injuries must be reported to the clerk of the town where the baby was delivered, and the clerk in turn must forward this information to the State Health Department. During the year ending June 30, 1959, 521 infants were reported to our census of handicapped children.

Preschool and School Care. One physician on the staff of this Division has devoted most of her time to a study of the growth and development of children placed in day care centers; she has spent much time in consultation with the boards of health who are responsible for the licensing and with the workers at the centers to stimulate them to attend refresher courses in preparation for improved care of these children.

Technical assistance was given to vision and hearing testers and refresher courses were given for those previously trained.

There has been considerable improvement in preschool and school health problems but there is still considerable need to improve existing services.

Services for Children with Crippling Conditions. This program provided diagnostic and treatment services for children under twenty-one years of age with certain crippling conditions. A registry was maintained to facilitate early case finding since delay in initiating remedial procedures could make the difference between successful and unsuccessful habilitation.

4,781 children received care under this program. There were 1,444 new cases admitted to services, as follows: 789 orthopedic, 64 plastic, 155 rheumatic fever, 87 congenital heart, 77 seizure, and 143 chronic disease, including cystic fibrosis.

Orthopedic clinics were held in hospitals in Brockton, Fall River, Gardner, Greenfield, Haverhill, Hyannis, Lowell, Lynn, Pittsfield, Salem, Springfield and Worcester. A total of 2,845 children made 5,316 visits to these clinics. Most of the children seen at orthopedic clinics are in need of physical therapy; the orthopedic consultant prescribes the treatment to be followed and arrangements are made by the physical therapists to carry out the recommendations in a treatment center or in the home.

The children's cardiac program consisted of two rheumatic fever clinics; hospitalization, convalescent and foster home care were provided for acute rheumatic fever cases and cardiac surgery. Rheumatic fever clinics were held weekly at North Reading State Sanatorium and at Burbank Hospital in Fitchburg. At 91 clinic sessions 456 children made 661 visits.

Three years ago a program for children with epilepsy was initiated. With new methods of diagnosis and treatment, approximately 80 per cent of children with seizure can be benefited, and successful control may prevent a lifetime of dependency and institutional care. During the year 231 children received care under this program.

Children with cerebral palsy who were found after careful screening to be able to benefit from training were admitted to Lakeville State Sanatorium or Massachusetts Hospital School, Canton.

Recent medical progress in diagnosis and treatment of handicapping conditions makes imperative an extension of this program in order that services may be provided for all children who would profit from care.

BUREAU OF PREVENTIVE DISEASE CONTROL

Division of Cancer and Chronic Disease

The Division of Cancer and Chronic Disease celebrated a third of a century of the Massachusetts Cancer Program at Pondville Hospital on May 27, 1959; approximately 150 persons attended. At the early afternoon session, Miss Neil Fountain discussed social service at Pondville, Miss Janet Weims outlined social service activities in cancer control, Dr. Charles Lund reviewed cancer control from the standpoint of the Massachusetts Medical Society, and Dr. Lombard outlined the Department's Cancer Program.

The late afternoon session program consisted of clinical cases and a panel on "Terminal Care of the Cancer Patient". Following dinner, Dr. Shields Warren reviewed the cancer situation since the inception of the Program; Dr. Alfred Frechette discussed how the new Massachusetts Health Research Institute might improve service to cancer patients and facilitate research concerning etiology of the disease; and Dr. Lombard prophesied that greater accomplishments undoubtedly would be made in the next ten years in cancer control than had been made in the past.

In the field of cancer and many of the chronic diseases, the etiology is as yet unknown; but it is known that there are more effective measures of control available than have been utilized. To meet these problems this Division is engaged in epidemiological research and professional education, as well as providing tumor diagnosis and clinical services. During the year, four articles were published and data collected and tabulated for other research projects. In 1958 Tumor Diagnosis Service examined 14,244 specimens which were received from 1,279 physicians and 105 hospitals and clinics. All of these were surgical specimens with the exception of 48 smears, and 12.5 per cent of the specimens were malignant,

There were 41,014 visits to the cancer clinics; 2,564 of these were made by individuals with new cancer diagnoses.

The cancer registry has now been in operation for two and a third years since the affiliation with the End Result Committee of the Public Health Service. The second deck of punch cards was completed this year and will be submitted to Washington. The first deck numbered 6,344, the second, 14,890. It will require from two to three years more to complete the back load of death records; after that the task of keeping the current data up to date will be a great deal less.

The Heart Program furnishes partial support to eight cardiac clinics; the State purchases services from the clinics, enabling them to employ medical social workers. At some of the cardiac clinics special demonstration projects are carried out: at Boston Lying-In Hospital study is being made of pregnant cardiacs, and at Boston Dispensary a study concerning the maximum rehabilitation for cardiac patients is under way. During the year there were 7,377

visits to the cardiac clinics; 844 of them were made by individuals with new heart diagnoses.

Diabetes control activities consisted of two statistical studies, participation in the Diabetic Fair, instruction concerning dietary needs for State institutions, local hospitals and other agencies, and lectures to visiting nurse groups.

The Geriatric Program was concerned primarily with collection of data to determine the needs of senior citizens and lectures to organizations of senior citizens on all aspects of problems of the aged such as medical care, mental health, housing, nutrition, insurance, etc.

A program is proposed in cooperation with the Division of Hospital Facilities in which nursing home administrators will be offered a so-called geriatrics nursing home clinic or geriatric center. This service team would consist of a public health nurse, an occupational therapist, a physiotherapist and a social worker and could be financed in a manner similar to the cancer and heart clinics. It is proposed that five such centers be established during the first year.

Division of Communicable Diseases

In advance of a wave of Type B Influenza which swept the State during March and April, 1959, the Division had publicized the recommendation that selected groups should be immunized with a polyvalent influenza vaccine. These priority groups were the elderly, persons with chronic illness, and persons engaged in providing essential services, such as firemen and policemen. It is known that thousands of elderly and chronically ill individuals were immunized with the polyvalent vaccine by private physicians and that numerous communities had programs for immunizing special groups to prevent absenteeism, so there was little evidence of increased mortality from this influenza.

The Salk polio vaccine, which was provided free of charge to physicians by the Department, during the past year was limited to use in infants under the age of one year and in pregnant women. For all other persons the vaccine had to be procured from commercial sources. Despite these well-publicized limits, the supplies of state-provided vaccine which had been ordered on the basis of the estimated number of births and pregnancies in Massachusetts were exhausted at mid-year, and it was necessary to obtain an additional supply. It became necessary to curtail or ration the distribution of the free State-provided vaccine in those communities which had used amounts exceeding their estimated needs. During the latter part of 1958 and the first quarter of 1959, polio immunizations were given primarily in doctors' offices with few public or mass inoculation programs being called to our attention.

It was hoped that the practicing physicians of Massachusetts might go along with the idea of low-cost polio vaccination programs in communities throughout Massachusetts. Accordingly on April 28, 1959 a letter was sent to all boards of health which suggested that they contact the members of the medical profession in their communities for the purpose of learning their plans or intentions regarding mass inoculation programs. The letter also suggested appropriate ways in which local boards of health could assist the physicians in their program, which, it was hoped, might develop into a "clean-up campaign" reaching many or most of the uninoculated.

More than 40 communities responded by setting up programs which in general were very successful -- between 5 and 20 per cent of the total population in these various communities were inoculated. During the interval of April to July 1959 more than 790,000 doses of Salk vaccine were brought into the state and presumably used in either the mass inoculation programs, the state-sponsored program, or by general practitioners of the Commonwealth.

The Division requested and obtained statistical consultation from the Communicable Disease Center of the United States Public Health Service for the purpose of making a survey in the City of Boston of polio immunization status of the population by socio-economic status, by age, by race, and by whether or not a family physician was claimed. This study showed that there was a definite correlation of vaccination with socio-economic status. The lowest socio-economic bracket claiming not to have a family physician contained the greatest percentage of uninoculated or inadequately inoculated persons.

During the calendar year of 1958, 104,916 cases of communicable diseases were reported to this Department. The number of cases reported rose to this figure from 82,923 for 1957. Most of the increase was caused by chicken pox, german measles, measles and whooping cough. This rise might have been even more dramatic had it not been for the considerable decline in the reported occurrence of mumps and scarlet fever. Some of the rise, however, is more apparent than real in that an attempt was made during this year to secure better reporting to local boards of health and by local boards of health to this Department.

There were slight increases in bacillary dysentery, infectious encephalitis, infectious hepatitis, meningitis undetermined, ophthalmia neonatorum, salmonellosis and septic sore throat, which were somewhat compensated for by decreased numbers of cases of diphtheria, tetanus, tuberculosis and typhoid fever. There was a total of 29 cases of polio, of which 14 were paralytic. This compares favorably with the 25 cases which were reported in 1957.

Division of Venereal Diseases

The most important single event of the year was the continued increase in syphilis. Gonorrhea maintained a steady plateau increasing by 0.3 per cent over the previous year.

Our records clearly indicate that organized and commercialized prostitution is not a major factor in our venereal disease problem, since approximately 4.8 per cent of our patients with these diseases named prostitutes as their contacts. Our biggest source of venereal disease is the pickup. Most of our patients with gonorrhea are single, but most of our patients with syphilis are married. The average age of the civilian patients with gonorrhea is 27.0 whereas the average age of military patients is 23.1. While the pickup remains the biggest source of venereal disease, the places of pickup are centered primarily around the taverns, bars and restaurants. The home, hotels and automobiles in that descending order of frequency are the places of exposure.

The Division still continues the follow-up of all selectees discovered to have a positive blood test for syphilis or other evidence of venereal disease. These patients may be examined by their private physician or the nearest State cooperating venereal disease clinic. These reports are evaluated and sent to the Induction Board. Similarly, the Division receives reports from the military of men separated from the Armed Forces who need follow-up for these diseases.

Based on its successful experience for the past seven years, the Division staff is responsible for the interviewing of military patients in Massachusetts and their contacts. This work is in addition to our contact investigation activities of all contacts of military patients in Massachusetts.

In the State cooperating venereal disease clinics there were 4,902 patients examined, and these represented a total of 22,933 clinic visits.

Our plans for extending reciprocity arrangements insofar as the premarital examination law is concerned continues. At the present time out of the forty-three states which have such laws, Massachusetts will accept the certificates of thirty-eight. In return, twenty-three states have agreed to accept our premarital certificates when properly completed.

In addition to the preventive and control activities, the Division is currently engaged in the following applied research studies: Prenatal Syphilis Study Program, Serologic Study, Military Interviewing Program, Treponema Pallidum Immobilization Test Study, Reiter Protein Complement Fixation Test Study, Evaluation of Erythromycin as an Alternate Therapy in Penicillin-Sensitive Patients, Evaluation of the Sensitivity of Gonorrhea to Penicillin, Cardiovascular Syphilis Study, Evaluation of Nursing Experience, and Long-term Follow-up of Chronic Biologic False Positive Reactors.

Division of Dental Health

The objectives of this Division are the prevention and control of dental diseases and malformations through organized community efforts.

The experience of the communities of oldest fluoridation history has been followed closely during the past year. This experience is now of sufficient length and the findings from our observations of such a conclusive nature that there can be no doubt as to the significance of fluoridation when applied to the dental caries problem of the typical Massachusetts community. Our observations indicate that at least a 60 per cent reduction in permanent tooth caries prevalence may be expected. The effect of such a suppression on the over-all effectiveness of traditional school health services is perhaps not as yet fully appreciated. The effect on the expected dentist manpower problem occasioned by our rapidly expanding population and rather static supply of dentists to meet coming population needs has been only incidentally referred to to date. The effect on public and private dental health costs, which are now estimated as 15 per cent of the total health bill of either cost category, can be highly significant.

Only twenty-four Massachusetts communities are now using fluoridation. The procedure is frequently bitterly opposed when proposed for public approval. Based on the information now available from the experience of Massachusetts communities there can be no ground for objections on matters of strictly dental competence.

Topical fluoride therapy has been widely recommended recently by some public health and professional dental groups as a specific preventive for dental caries, particularly in rural areas. Fifty Massachusetts communities report the use of this procedure in varying degrees in public programs. Field personnel of the Division of Dental Health during the past year have used the technique for demonstration purposes only. The procedure has proved to be too time-consuming and of too uncertain reward in the face of the magnitude of rural problems and the dearth of personnel to meet them. In view of the Division's experience and observations in local communities it is planned to make an evaluation of the specific preventive as a public health procedure in local health programs.

Through a study grant by the Children's Bureau to the crippled children's activities of the Department it has been possible to make a beginning at providing the complicated corrective resources for treatment of the badly facially deformed child. Studies have been undertaken of the potential size of this problem, involving deformities that could be classified as crippling in the public health sense. Utilizing a newly conceived index of malocclusion in a survey of 4,500 children in three communities, it has been possible to define a group in most need of correction of developmental defects that would not be larger than 100 individuals drawn from the currently enrolled school-age population in Massachusetts.

Data from the state-wide radiation control program which has been in operation during the past year indicates a steady reduction

of radiation dosage from dental sources. Approximately 700 dental x-ray units have been surveyed and have had corrections made to effect a greater margin of safety for patients, operators and the immediate environment.

Division of Alcoholism

On June 30, 1959 this Division completed its eighth year of operation with fifteen cooperating alcoholism clinics located in out-patient departments of general hospitals. Two of these clinics were established during the fiscal year, one at Cambridge City Hospital and one at Boston City Hospital which was about to open as the year closed. The other clinics are located as follows:

Boston	Peter Bent Brigham Hospital
	Massachusetts General Hospital
	New England Hospital
	Washingtonian Hospital
Brockton	Brockton Hospital
Fitchburg	Burbank Hospital
Lawrence	Lawrence General Hospital
Lowell	Lowell General Hospital
New Bedford	St. Luke's Hospital
Pittsfield	Pittsfield General Hospital
Quincy	Quincy Hospital
Springfield	Springfield Municipal Hospital
Worcester	St. Vincent Hospital

During the fiscal year 1,647 cases were admitted to the cooperating clinics; of these 1,376, or 93.5 per cent, were new cases; the others were previously discharged cases which were readmitted.

Of the 1,019 cases discharged or closed, 326 or 32.1 per cent were recovered or arrested cases of alcoholism; 102 or 10 per cent were closed as uncooperative and unresponsive; 34 or 3.3 per cent were not accepted for continued treatment after initial interview; 367, or 36 per cent were referred to other facilities, and 22 or 2.1 per cent died while under treatment. Over-all study of statistical reports of the clinics shows an improvement in the number of recovered cases.

BUREAU OF HOSPITAL FACILITIES

Division of Hospital Facilities - Licensing Section

The Commonwealth continues to show remarkable progress in its licensed hospital facilities. Of 189 licensed facilities, 62 renewals or new licenses were issued during the present fiscal year. Marked advances have been made in the improvement of physical facilities, expansion of ancillary services, strengthening of medical and nursing staffs and improvement of patient records. Particularly noteworthy is the fact that 90 per cent of the total hospitals eligible for accreditation by the Joint Commission of Hospital Accreditation have been accredited. This means conversely that only 10 per cent of those hospitals eligible for accreditation remain to be accredited. This is a remarkable record in view of the national average of 50 per cent accredited throughout the rest of the country.

The Division continues to be active in assisting hospitals in controlling the spread of staphylococcus infection. Of particular value was a conference on staphylococcus infection at the Lemuel Shattuck Hospital, which filled to capacity the large auditorium of that institution. The Division is cooperating with the Massachusetts Hospital Association in continuing program to control staphylococcus infection.

Substandard facilities continue either to close their doors or to achieve compliance with standards. A particularly difficult problem was resolved this year in the closure of one hospital. It is expected that another will either be closed or will be replaced by a new facility. The availability of qualified nursing personnel continues to present a very serious problem, particularly from the standpoint of the ratio of ancillary workers to professional personnel. The problem presents itself in hospitals as well as in nursing homes.

As of June 30, 1959 there were 621 nursing homes in Massachusetts with a total number of 16,579 beds. These figures indicate an increase of 21 homes and 1,689 beds during the present year. The number of licenses issued for the past fiscal year is 329, of which 92 are new and 237 are renewals. The major problems encountered in the licensure of nursing homes are as follows:

1. Resistance on the part of qualified professional nurses to seek employment in nursing homes because of lack of interest in geriatrics.
2. The licensure of practical nurses by waiver which has not improved the quality of nursing care. The Division, in cooperation with Boston College School of Nursing and the Massachusetts Federation of Nursing Homes, conducted a twelve weeks course one night a week for three months at Holy Ghost Hospital. Enrollment was restricted to 70 persons and limited to individuals employed in nursing homes who were licensed by waiver.

Standards in nursing homes continued to improve but many problems continued to arise, indicating the need for increased professional and clerical assistance.

As of June 30, 1959 in the State there were 550 rest homes with a total of 8,720 beds. During this fiscal year 44 new licenses were issued and there were 200 renewals.

During the year 8 licenses were renewed for city and town infirmaries as of June 30, 1959, and there were in the State 34 infirmaries with 2,092 beds. Three infirmaries closed voluntarily following a hearing under the State Administrative Procedure Act. The closure of another infirmary is still a highly controversial matter. However the city officials propose to close the facility. Of the 34 infirmaries, 12 have been licensed as public medical institutions.

Hospital Survey and Construction Section

During the fiscal year 1958 to 1959 a total of 12 hospitals have received Federal aid under Public Law 725. The total beds added as a result of these projects is 584. The amount of Federal funds allocated for these projects amounts to \$3,127,134. Under Public Law 482, 5 hospitals received Federal assistance amounting to \$250,000 for diagnostic and treatment centers. The single chronic disease hospital grant amounting to \$300,000 was awarded to the Jewish Memorial Hospital in Boston; as a result 104 additional beds will be added. The single rehabilitation project was that of the Holy Ghost Hospital of Cambridge which received a grant of \$53,933.

A notable achievement during this present fiscal year was the completion of the hospital utilization study comparing 1945 with 1955. It was apparent that as a result of this study, hospital utilization has increased from 109 to 124 hospital admissions. Other outstanding findings were the loss of population in the metropolitan Boston area and the marked increase in hospital utilization in the suburban areas. This is particularly noted with respect to maternity admissions.

At the conclusion of this fiscal year the Division lost the services of a hospital survey administrator as a result of exhaustion of Federal funds for this position. It is hoped that in the future the budget will allow a hospital survey administrator since the survey activities of this program are extremely important.

The bulk of our applications are now for second grants and only a relatively small number of hospitals have thus far not applied for Federal funds. An attempt is being made to encourage building programs in these hospitals. The demand for additional Federal funds is continuing without abatement. It would appear that for the next decade there will be a great demand for Federal assistance in adding new facilities and replacing old facilities.

BUREAU OF TUBERCULOSIS AND INSTITUTIONS

Division of Sanatoria and Tuberculosis

The fiscal year ending June 30, 1959 was a significant period in solving new and challenging problems in tuberculosis control. A milestone in tuberculosis control in Massachusetts was reached when the first recalcitrant tuberculous patient was committed to the Rutland State Sanatorium Treatment Center.

Other important events during the year were:

1. The opening of a section of Rutland State Sanatorium for the care of patients with chronic disease and the admission of the first patient on May 13, 1959.
2. The transfer of Tewksbury Hospital from the Department of Public Welfare to the Department of Public Health which complements the Department's hospital facilities by caring for patients not suitable for other institutions and those requiring custodial care.
3. The adoption of two types of written agreements to improve follow-up and eliminate difficulties in Mantoux tuberculin testing programs and delegate responsibilities to the official and voluntary agencies involved to insure a complete and successful program.
4. A study of the tuberculous alcoholic in a county sanatorium.

The case rate and death rate continued its gradual decline. There were 1,505 new cases of tuberculosis reported, or a case rate of 30.4 per 100,000 population. Of all pulmonary tuberculosis reported, 67.5 per cent was in the moderately and far advanced stages. Every effort is being made to find cases of tuberculosis in the minimal stage.

Through the mutual cooperation of the Massachusetts Commission on Alcoholism, the Massachusetts Tuberculosis and Health League, the Boston Sanatorium, and the Division of Sanatoria and Tuberculosis, the Commonwealth has established a leadership role in controlling the tuberculous alcoholic by the establishment of a case register and by planning the opening in the near future of a Half-Way House for tuberculous alcoholics at Boston Sanatorium.

Section 6 of Public Law 85-316, passed by the 85th Congress on September 11, 1957 permitted the admission to the United States under specified restrictions of certain aliens afflicted with tuberculosis. Under this law 136 applications have been received and 99 aliens have arrived in Massachusetts. The Division has maintained a central index to facilitate the proper supervision and follow-up of these aliens and their associates.

Approximately 211 aliens with pulmonary fibrosis have been admitted to Massachusetts to the present time; of these 161 are being followed closely by this Division by means of questionnaires sent to local boards of health routinely every six months.

Close supervision is being given those tuberculosis patients who are receiving Disability Assistance to determine if the individual is receiving adequate medical supervision and also whether minimum standards of treatment outside the hospital are being maintained.

In the tuberculosis case finding program 40,527 x-rays were taken during this year with concentration on penal institutions, mental hospitals, and positive tuberculin reactors and their contacts in high incidence communities. The follow-up of positive findings, excluding mental hospitals and Bridgewater State Farm, revealed 16 active cases of tuberculosis (3 previously known but not under care).

In July, 1958 the new mobile bus was officially put into operation. The 70 mm. photofluorographic x-ray unit is equipped with a mirror-optic camera which reduces radiation exposure to one-fourth that of the conventional unit.

During the fiscal year, 70,266 persons were Mantoux tested; of these, 2,752, or 3.9 per cent, were positive. These figures include adults and children.

In Pittsfield a tuberculosis consultation clinic was established in the Pittsfield General Hospital which will serve not only the residents of Pittsfield but also those of the surrounding towns. This is a pronounced departure from the established custom and may lead to further regionalization of health services.

During the year this Division has revised and distributed to local health departments the "Manual of Reporting Instructions for Tuberculosis", "Facts and Figures for 1956 and 1957", "What Do You Know About Tuberculosis" and "Home Care of Tuberculosis Patients".

Lakeville State Sanatorium

The daily average number of patients at this institution was 30 tuberculous, 4 poliomyelitis, 153 with crippling conditions and 6 aging persons. Although the number of tuberculosis patients and those with poliomyelitis continued to drop, patients afflicted with chronic, mostly orthopedic, diseases, more than made up the drop. Consequently the facilities of the Sanatorium were fully utilized and new admission procedures had to be instituted.

Upon the retirement of Dr. Harry A. Clark in November, 1958 Dr. George L. Parker transferred from Pondville Hospital and assumed the position of Superintendent of Lakeville State Sanatorium.

No major changes in treatment were carried out although numerous minor changes were made to increase the efficiency of the hospital. The most outstanding change was the reduction of the bed capacity to 210 in order to allow better access to patients and reduce fire hazards.

The biggest demand for beds was in the field of multiple sclerosis and other neuromuscular conditions. The majority of these patients require total nursing care, and our ratio of three patients to one medical personnel barely meets the minimum requirements. A considerable waiting list of these patients has been established.

During the year a volunteer service was established; these volunteers are helping to feed the more or less helpless patients, alleviate the loneliness of some of the elderly patients, and provide entertainment on a regular basis.

The suggestion has been made that the name of this institution be changed to Lakeville Hospital and that it be developed into a regional chronic hospital not only serving the orthopedic needs of the southeastern section of the State but also expanding into other fields, since both adults and children suffering from chronic diseases of all types and not pulmonary tuberculosis are hospitalized there.

North Reading State Sanatorium

The fiscal year opened with a patient census of 129 and closed with a census of 113. The daily average number for the twelve months was 129. The average age of tuberculosis patients admitted was 5.73 years.

In December, 1958, Dr. Claire W. Twinam, Superintendent of North Reading, transferred to Pondville Hospital, and Dr. Roland R. Cartier assumed the position of Superintendent.

There was no radical change in anti-tuberculous therapy; treatment with streptomycin, para-amino-salicylic acid and isoniazid instead of the newer drugs, continued.

Under authority of Chapter 258 of the Acts of 1959, providing for the admission of children with chronic disease, four cases of cystic fibrosis were admitted during the winter. As cases of tuberculosis become fewer, more chronic cases can be admitted, consistent with budget readjustments, since the treatment of a case of cystic fibrosis is more expensive than a case of tuberculosis because of the daily need of antibiotics, pancreatic enzymes, supplemental vitamins, and the continuous mistogen therapy during the hours of rest and sleep.

The Sanatorium school continued with an enrollment of 49 pupils. Graduation exercises, at which diplomas were awarded to five patients, were held in June. The occupational therapy program continued in the wards and the occupational therapy shop.

Rutland State Sanatorium

The patient turnover at this institution has been greater than last year; during the year 287 patients were admitted. The Tuberculosis Section had 180 patients at the beginning of the year and 169 on June 30. The highest number at any one time was 191 and the

lowest 153. The daily average patient population was 172. The average age of patients was 47.25.

The management of tuberculosis has not changed except, perhaps, that INH (isonicotinic hydrazid) is being substituted more and more for streptomycin, principally because it is more efficacious and easier to take.

The first patient was admitted to the new Chronic Disease Section on May 13, 1959. This was a woman with a cerebrovascular accident with partial paralysis. Nineteen patients have been admitted to this service, of whom two have died. Another ward is to be remodeled and prepared for more chronic disease patients; 15 applications are now on file. It is anticipated that the number of tuberculosis cases will continue to decrease slowly but that the number of chronically ill patients will increase at a greater rate.

Westfield State Sanatorium

Tuberculosis Service. During the year there were 176 admissions to this service and the average length of stay was 241 days. The average daily census was 96. This is about 69 per cent of capacity as compared with 85 per cent last year when the average daily census was 119. With the decreasing tuberculosis census, beds will be realigned so that other chronic diseases may be admitted. There were performed 34 major operative procedures, while pneumothorax or pneumoperitoneum was given 294 times.

On November 20, 1958 a one-day Institute on Tuberculosis and Alcoholism was held at the Sanatorium under the aegis of the State Commissioner on Alcoholism and the State Tuberculosis League. An outstanding and interesting program was arranged which drew an attendance of 107.

Cancer Section. During the year 717 patients were admitted to this service with an average length of stay of 19 days. The average daily census was 37, or 73 per cent of capacity. Last year the daily average census was 31, or 63 per cent of capacity.

For the twelfth consecutive year the Massachusetts Division of the American Cancer Society has carried the expense of a full-time statistician at Westfield whose work makes possible continuous evaluation of the contrasting types of cancer therapy carried on. Under another grant from the American Cancer Society, a study on early diagnosis in situ of cancer of the cervix uteri is being done by colpomicroscopy under the direction of the Chief Visiting Pathologist.

Two cancer teaching clinics for all physicians in western Massachusetts were held.

Pondville Hospital

In spite of the shortage of professional nurses during the year, ^{app}roximately 100 more patients were treated in this hospital

than during the previous year. The average period of hospitalization was reduced from 27.6 to 24.1 days. The daily average number of patients was 94.

When Dr. George L. Parker, Superintendent since 1934, left Pondville to become Superintendent of Lakeville State Sanatorium, Dr. Claire W. Twinam, Superintendent of North Reading State Sanatorium, was appointed as his successor at Pondville.

There were 100 general cancer clinics held, with an average attendance of 70. Other clinics held were gynecological, genito-urinary, x-ray, nose and throat, thoracic and medical; clinic visits totaled 16,108. The services provided by the out-patient department consists of the follow-up of known cancer patients or suspect cancer patients, provide definitive treatment in certain precancerous conditions which may be amenable to simple excision, provide consultation service for physicians, and provide public health education.

Lemuel Shattuck Hospital

This was a year of maximum activity for this hospital. The patient admissions totaled 1,591, with 363 in the first quarter, 393 in the second quarter, 403 in the third quarter, and 432 in the last quarter of the year. This represents a 35 per cent increase over the last fiscal year.

Two nursing units were opened, one equally divided between the Neurology Service and the Orthopedic Service, and the other for the care and study of metabolic diseases. This raised the number of beds to 350.

The Department of Physical Medicine and Rehabilitation rendered a total of 99,633 treatments, as compared to 80,921 the previous year. Continued growth of this Department will depend on a corresponding increase in staff, so that patients' treatment schedules may be accelerated and patient turnover increased.

In the Clinical Laboratories 141,027 tests were performed, an increase of 51,441, or 65 per cent.

The training and research activities continued to grow most satisfactorily: teaching of Harvard third-year students began; Tufts and Boston University expanded their fourth-year teaching programs; the Neurology Service was approved for residency training. A grant was received from the National Heart Institute to train doctors and biostatisticians in Clinical Pharmacology.

Massachusetts Hospital School

During the year 23 boys and 25 girls were admitted to the School. In the same period 37 boys and 25 girls were discharged. The highest number of patients at any time was 148 and the average daily census was 117.

7

Handicapped children of the Commonwealth between the ages of four and twenty who are mentally competent to attend school are eligible for admission for hospital care and education. At the present time it seems probable that the number of patients crippled by poliomyelitis may decrease and even though the school is filled to capacity at the present time it may be possible in the future to consider the admission of other types of cases who need rehabilitation, possibly cerebral palsy cases with good intelligence but severely handicapped.

The school program caters to the needs of students in preparing them for the liberal arts colleges, for advanced training in commercial fields, and for various types of vocational work. The number of student-patients taught was 161. In addition, bedside teaching is carried on at Bradford Infirmary with about 34 students. The eighth grade students continue to have the experiential course in home economics and industrial arts, spending two periods a day three days a week in this program. Next year a course in conversational French is planned for elementary school pupils; this class will meet four times a week and will be made up of several school grades.

Tewksbury Hospital

On January 1, 1959, the Tewksbury Hospital, under the provisions of Chapter 613 of the Acts of 1958, became the Department of Public Health's eighth institution. TE

During the fiscal year 3,604 patients were cared for: 2,702 males and 902 females. The largest daily census was 1,563 on February 28, 1959, the smallest 1,316 on June 30, 1959.

The Training School for Attendant Nurses graduated 33 on May 20, 1959.

The Physiotherapy Department includes electrotherapy, hydrotherapy, diathermy and all types of mechanical therapeutic devices. In an average day 46 patients are treated, which includes whirlpool, diathermy and electric therapy. During the year the treatments totaled 11,040.

Two Occupational Therapy shops are maintained where patients are taught rug weaving, rug hooking, hand loom weaving, wood working, wood carving, radio repairing, furniture refinishing needlework, etc.

The Dental Department, the Pathological Laboratory, the X-ray Department and the Library all report full-time activities.

The greatest need at Tewksbury is new hospital buildings; in the meantime new wiring, fire protection and painting are constantly being done to improve the old buildings.

BUREAU OF INSTITUTE OF LABORATORIES

Division of Biologic Laboratories

Progress toward a more purified tetanus toxoid with higher antigenicity was achieved during the year. Potency of the toxin has been increased at least threefold, with a fourfold increase in the potency of the purified product. This has been of sufficient interest in the field so that ten producing laboratories located in four states and five countries have either sent representatives to the laboratory to study our methods or have corresponded extensively regarding them. The demand for tetanus toxoid continued to increase, indicating that improvement in quality and increased reception by the public go hand in hand.

The distribution of typhoid vaccine continued at a low level, due apparently to the absence of floods, etc. Distribution of smallpox vaccine was second highest in the State's history. The distribution of silver nitrate ampoules for gonorrhealophthalmia was the highest on record.

The demand for pertussis vaccine remained at about the same level as in recent years. The distribution of the 20 cc. clinic size vial was discontinued. It is hoped that better methods can be found for accelerating production of this material because of the high demands for this component in DTP (diphtheria, tetanus and pertussis antigen).

Overall distribution of biologics for the year was the highest ever and was greatly aided by the automatic packaging machinery recently installed.

In the Blood Processing Laboratory, in the work on normal serum albumin 3,205.34 liters of State-owned plasma were fractionated. Dried material equivalent to 2,360,100 cc. vials was produced; 1,215 vials were distributed to hospitals. Although dried material equivalent to 34,900 2-cc. vials of immune serum globulin were produced, distribution supplies of this product were exhausted several times during the year. Interest has continued in fibrinogen-free low globulin plasma, both locally and nationally, but thus far the National Institutes of Health have not received the data they require for licensing.

Diagnostic Laboratory

There was an increase of 10 per cent in specimens received for diagnostic laboratory tests, particularly in nose and throat specimens for streptococcus culturing and in virology specimens, which are particularly time-consuming. With the increase in streptococcus culture work by private approved laboratories, the bacteriology section may participate more actively in important field investigations, in improving diagnostic laboratory procedures, and in developing fluorescent antibody techniques which will have far-reaching advances in diagnostic laboratory techniques.

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The continuance of the Eastern equine encephalitis investigation is important in spite of the low level of activity of this virus this past year. By continuing studies on this problem in years between outbreaks the laboratory will be better prepared to cope with the next outbreak of the Disease. In connection with this study the Wassermann Laboratory examined 217 bats; all were found to be non-rabid.

This year 243 laboratories have been awarded certificates in the voluntary laboratory approval program. This is an increase of 7 over 1958 and of 143 over 1946, the beginning of the program.

The need for a physical consolidation of the Diagnostic and Biologic Laboratories is increasingly felt. At the close of the year legislation was pending which would permit the Commonwealth to purchase from Harvard University land in Jamaica Plain with the goal of constructing a modern diagnostic laboratory adjacent to the biologic laboratories.

Wassermann Laboratory

The Wassermann Laboratory performed 468,605 tests during the year. A total of 50,404 specimens were tested for premarital purposes and 38,793 for prenatal purposes. Out-of-state premarital certificates were issued to 1166 applicants.

This year 130 laboratories participated in the Evaluation of Serologic Tests for Syphilis; 60 of them were approved to perform standard tests and 62 were approved for rapid tests for blood donor purposes only.

The Wassermann Laboratory participated again this year in the National Evaluation of Serologic Tests conducted by the Public Health Service and performed qualitative and quantitative Hinton tests on 200 matched samples of serum. The results showed that both the sensitivity and specificity ratings of the Hinton test were satisfactory and compared very favorably with tests performed in other state laboratories.

Material submitted from all parts of the state for rabies diagnosis consisted of heads from domestic and wild animals. Altogether, 229 specimens were received and examination proved all to be non-rabid. At times the diagnosis of rabies is most difficult due to the presence of material in the brain which somewhat resembles Negri bodies, or when no Negri bodies can be found in the initial examination. Recent studies have shown that the fluorescent antibody technique has overcome these difficulties and is a rapid, accurate method of rabies diagnosis. Since the anti-rabies fluorescein conjugate is available commercially it is hoped that equipment for this test may be purchased as soon as possible.

The use of the Reiter Protein Complement Fixation Test as an adjunct to the routine testing procedures has been continued.

BUREAU OF ENVIRONMENTAL SANITATION

Division of Sanitary Engineering

During the year the work load of the Division has continued to increase in all four major activities; vis., water supply, stream pollution, air pollution, radiological health and community sanitation. No additional personnel have been provided to carry out these expanded activities. The critical personnel shortage must result in curtailed activities in some fields unless funds for additional staff and equipment are provided as requested in the 1961 budget.

Water Supply. Public water supply systems in Massachusetts serve about 98.5 per cent of the total population of the State. Cognizant of the 1957 drought, many communities are taking steps to develop additional sources of water supply. Fluoridation of public supplies has continued. A total of 24 communities now supply a population of about 249,000 with fluoridated water. The sampling program of all water supplies has been continued. A water treatment pilot plant to determine the practicability of coagulation and sedimentation without filtration for color removal has been successfully operated at several water supply installations throughout the State.

Water Pollution Control. Migration of population from urban to semi-rural areas has increased the number of requests for the examination and approval of plans for private sewage disposal plants and for the enlargement of public sewerage systems. Some streams receiving liquid industrial wastes have reached their natural waste assimilating capacity, requiring more and more attention of the Division in the examination of sewage and waste treatment plants, stream pollution surveys and consideration of plants for industrial waste treatment. Many of the latter deal with highly complex wastes not readily amenable to treatment and require research which is conducted at the Lawrence Experiment Station. To obtain information on the condition of our streams, 242 sampling stations have been established where samples are collected monthly from June to November, inclusive.

United States Public Law 660 provides for grants to states, municipalities and other political subdivisions to assist in the construction of sewerage systems. The Division is required to approve plans and specifications for proposed sewerage works and also guides local officials in the preparation of applications to obtain Federal assistance.

The Division has continued routine work on the examination of shellfish growing areas, on the control of aquatic growths for the elimination of nuisance conditions, and on the determination of the suitability of natural and artificial bodies of water for bathing places.

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Community Sanitation. Section 150A of Chapter 111 of the General Laws as amended provides for an appeal to the Department from the assignment or operation of a refuse disposal area. As knowledge of this law becomes more widespread, an increasing number of complaints about the operation of dumps have been made to the Division, several of which have required a public hearing before departmental action.

The Division has continued to examine the source of water supply and sewage disposal facilities at recreational camps, trailer coach parks and overnight cabins (motels) as required by law. Advice has been given to local boards of health on the control of miscellaneous nuisances such as those caused by pigeries, mink farms, poultry farms and substandard housing.

During the past year increased emphasis has been placed on the sanitation of food service establishments. Need for this service is indicated by U.S. Public Health Service statistics which show that there continues to occur a significant number of outbreaks of food-borne disease. The services of sanitarians who formerly assisted the district engineers have been utilized for this function, adding to the already critical shortage of trained personnel to carry on the engineering activities of the Division.

Atmospheric Pollution - Radiological Health. The planning and construction of nuclear power plants, fuel element processing plants and the increasing use of radioactive materials in our hospitals, research institutions, educational institutions and industry have placed an increased burden on this section. Training of existing personnel, obtaining new qualified personnel and providing necessary equipment and facilities are urgently needed to enable the Division to meet its obligations in this rapidly expanding field.

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The Division operates a National Radiation Surveillance Network Sampling Station at the Lawrence Experiment Station in co-operation with the U.S. Public Health Service. It has initiated a survey of background levels of radioactivity of representative ground and surface water supplies throughout the State, and has continued a program of monitoring certain rivers for radioactivity.

Air flow studies have been made and air sampling stations have been established in connection with the installation of nuclear reactors in the State.

The Division has participated in special investigations such as the disposal of radioactive wastes at sea, and accidental spills of radioactive materials. As required by legislative resolves, the Division prepared a report on "Regulatory and Protective Measures Pertaining to Radioactive Materials".

Activities of the Division of Smoke Inspection were continued, with 1457 plant inspections made and 238 complaints investigated and settled.

Lawrence Experiment Station. The Lawrence Experiment Station continues to serve both as an analytical laboratory for water, sewage, air and industrial waste analysis and as a research institution. The bacteriological laboratory examines samples from public and semi-public water supplies, shellfish and overlying sea waters and bathing places. The chemical laboratory analyzes routinely samples of water from public and semi-public supplies, from streams and from sewage and industrial waste treatment plants. The air pollution-radiological laboratory has carried on the analytical work in connection with the activities of this section of the Division. Activities in this field have been hampered by a shortage of trained personnel and of equipment.

The Research Laboratory has continued its studies on methods of treatment of sewage, both old and new, particularly in regard to sewage containing industrial wastes. The Department has received a grant from the National Institutes of Health for intensive work in connection with the membrane filter, a method of bacteriological examination of water. This investigation is now in progress. The laboratory has also conducted studies of polarigraph determinations of dissolved oxygen in sludge, of the oxygen uptake values of various substances, and of methods for measuring efficiencies of sewage and waste treatment systems.

The Plumbing Laboratory has made studies of corrosion and other possible effects of exposure to sewage on various metal and plastic pipes. Installations made during the year permit visual study and demonstrations of back siphonage. A study on vacuum gages and other vacuum equipment has been started and a library of suitable motion pictures on plumbing is being created.

Civil Defense. All sections of the Division, including the Lawrence Experiment Station, have devoted some time to civil defense activities. The Division has conducted water works schools at the Topsfield Training Center. The staff participated in "Operation Alert '59" at State and Area Headquarters.

Division of Food and Drugs

Problems resulting from new developments in food processing and distribution, the abuse of harmful and narcotic drugs, the manufacture, sale and storage of frozen foods, and the tremendously expanding poultry processing industry continue to face this Division, resulting in some cases in lack of enforcement of the laws because of limited staff. Similarly, local health department budgets are being reduced to such a degree that work formerly held to be their prime responsibility is being neglected.

The proper labeling of household products that may be classified as "hazardous" or "poisonous" is receiving considerable attention. Chemical additives in food cover a vast field and should receive more attention than our chemists have been able to give them.

The milk inspection program of the Commonwealth, which under normal conditions seemed to be functioning properly, proved to be highly inadequate for the protection of the public health under the stress of a milk price war. It was definitely determined that milk from uninspected sources was reaching plants which provided pasteurized milk for the consumption of the Massachusetts public. The Department found itself helpless to cope with this problem since authority for enforcement of the laws concerning out-of-state pasteurization plants and in-state and out-of-state milk plants and receiving stations is the responsibility of the Massachusetts Department of Agriculture. This Department has jurisdiction over in-state pasteurization plants.

The responsibilities added by these increasing problems must be coped with along with routine problems concerned with regulating the milk and frozen dessert industries; the bedding and furniture industries; the soft drink industry, including carbonated beverages; the cold storage industry; and the Pandora's Box of problems arising from regulating hundreds of small bakeries and restaurants in the Commonwealth.

The Division is planning a series of conferences with food distributors, the goal being to bring about proper procedures in the distribution of frozen foods. This will be a long-range program since much equipment must necessarily be acquired by the distributors in order to comply with these procedures.

Remarkable strides have been made in the enforcement of the narcotic and harmful drug laws with the assistance of the several law enforcement agencies of the Commonwealth, the Attorney General and the District Attorneys.

Representatives of this Division have cooperated with the poultry industry, the Massachusetts Farm Bureau and the Department of Agriculture, and further attempts will be made to form a Section of Poultry Inspection within the Division.

In the last ten years thirty laws whose enforcement is part of the duties of the Division of Food and Drugs have been enacted by the Legislature and the staff of the Division is attempting to carry out a reasonable program for the protection of consumers of the Commonwealth in their purchases of foods and drugs.

Respectfully submitted,

ALFRED L. FRECHETTE
Alfred L. Frechette, M.D., M.P.H.
Commissioner of Public Health

GORDON M. FAIR
Gordon M. Fair, B.S., Dr. Ing.

WILLIAM H. GRIFFIN
William H. Griffin, D.M.D.

PAUL J. JAKMAUH
Paul J. Jakmauh, M.D.

RAYMOND L. MUTTER
Raymond L. Mutter, B.S.

CONRAD WESSELHOEFT
Conrad Wesselhoeft, M.D.

CHARLES F. WILINSKY
Charles F. Wilinsky, M.D.

Public Health Council

THE COMMONWEALTH OF MASSACHUSETTS

FORTY-SIXTH ANNUAL REPORT

of the

DEPARTMENT OF PUBLIC HEALTH

July 1, 1959 to June 30, 1960

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Mass. DEPARTMENT OF PUBLIC HEALTH

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MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

June 30, 1960

Commissioner of Public Health, Alfred L. Frechette, M.D., M.P.H.

PUBLIC HEALTH COUNCIL

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Edmond M. Fair, B.S., Dr. Ing., 1956-62	Raymond L. Mutter, B.S., R.S., 1947-65
William H. Griffin, D.M.D., 1945-63	Hugh R. Leavell, M.D., Dr. P.H., 1960-66
Florence L. Wall, Secretary	

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Division of Health Information	Anthony V. Caramello, M.P.H., Director
Division of Training	Vacant

BUREAU OF HEALTH SERVICES

Robert E. Archibald, M.D., M.P.H., Bureau Chief

Division of Local Health Services	Robert E. Archibald, M.D., M.P.H. Director and Deputy Commissioner
Division of Maternal and Child Health Services	Janice Rafuse, M.D., Director

BUREAU OF HOSPITAL FACILITIES

A. Daniel Rubenstein, M.D., M.P.H., Bureau Chief

Division of Hospital Facilities	A. Daniel Rubenstein, M.D., M.P.H., Director and Deputy Commissioner
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Division of Communicable Diseases	Roy F. Feemster, M.D., Dr. P.H. Director
Division of Venereal Diseases	Nicholas J. Fiumara, M.D., M.P.H., Director
Division of Dental Health	William D. Wellock, D.M.D., M.P.H. Director
Division of Alcoholism	Harold W. Demone, Jr., A.M., Assistant to the Commissioner James B. Moloney, M.D., Director

BUREAU OF ENVIRONMENTAL SANITATION
Worthen H. Taylor, B.S., Bureau Chief

Division of Sanitary Engineering Worthen H. Taylor, B.S., Director

BUREAU OF CONSUMER PRODUCTS PROTECTION
George A. Michael, B.S., Bureau Chief

Division of Food and Drugs George A. Michael, B.S., Director
and Deputy Commissioner

BUREAU OF TUBERCULOSIS CONTROL
William H. Weidman, M.D., Bureau Chief

Division of Sanatoria and William H. Weidman, M.D., Director
Tuberculosis

INSTITUTE OF LABORATORIES
Johannes Ipsen, M.D., M.P.H., Superintendent

Division of Biologic Laboratories James A. McComb, D.V.M., Director

Division of Diagnostic Robert A. MacCready, M.D., Director
Laboratories

District Health Officers under Division of Local Health Services

Southeastern District Grace E. Lutman, M.D., Dr.P.H.
Lakeville State Sanatorium
Middleboro

Northeastern District Frederick A. Dunham, M.D., M.P.H.
North Reading State Sanatorium
North Wilmington

Central District Arthur E. Burke, M.D., M.P.H.
Rutland State Sanatorium
Rutland

Western District Walter W. Lee, M.D., M.P.H.
University of Massachusetts
Amherst and
246 North Street, Pittsfield

Institutions under Division of Sanatoria and Tuberculosis

Lakeville State Sanatorium	George L. Parker, M.D., Superintendent
North Reading State Sanatorium	Roland R. Cartier, M.D., Superintendent
Rutland State Sanatorium	Paul Dufault, M.D., Superintendent
Pittsfield State Sanatorium	Wilson W. Knowlton, M.D., Superintendent
Lakeville Hospital	Claire W. Twinam, M.D., Superintendent
Amherst Shattuck Hospital	William H.H. Turville, M.D., Superintendent
Massachusetts Hospital School	John J. Carroll, M.D., Superintendent
Amherst Hospital	Thomas Saunders, Superintendent

3. 2

ANNUAL REPORT OF PUBLIC HEALTH COUNCIL

Alfred L. Frechette, MD., M.P.H., Chairman

Herewith is submitted the annual report of the Public Health Council for the fiscal year ending June 30, 1960.

Meetings

Regular monthly meetings were held in accordance with General Laws, Chapter 17, Section 3. In compliance with the provisions of Chapter 626 of the Acts of 1958, notices of all regular and special meetings were filed with the Commissioner of Administration and Finance and with the Secretary of State.

The July 14, 1959 meeting was held at Lakeville State Sanatorium. In connection with the meeting an inspection tour included the wards for the care of adult patients with crippling and other chronic conditions and the wards for children with spastic and other paralyzing conditions. As Lakeville State Sanatorium was originally planned for the care of tuberculosis patients, the recent admission of crippled and chronic disease patients under legislative authority was found to require new buildings and reconstruction of present facilities, and the Council urged that prompt action be taken by legislative and administrative authorities to rectify the present unsatisfactory conditions. The Southeastern Health District office, located at Lakeville, was also visited and District problems in sanitary engineering, nursing, social work, hospital inspection and other fields discussed with the staff.

The September, 1959 meeting was held at Amherst and included inspections of the Western Health District Office and the Food and Drug Laboratory.

The June, 1960 meeting was also held at Amherst and included visits to the Springfield Health Department and the Springfield Municipal Hospital. This date and locale were arranged so that the Council could be present at the Fiftieth Anniversary of Westfield State Sanatorium, at which Dr. Henry D. Chadwick, first Superintendent of Westfield and State Commissioner of Public Health from 1933 to 1938, now 88 years of age, was guest of honor.

Three special meetings were held during the year, one on July 15, 1959, at which various tidal rivers, salt marshes, shellfish areas and sources of pollution along the Barnstable shore were inspected. At another special meeting on September 15, 1959, the Council visited the Yankee Atomic Electric Company plant at Rowe where the functions of the various physical components of the plant were inspected and specific problems pertaining to the handling, storage, transportation and disposal of radioactive gaseous and/or liquid wastes and used fuel elements were discussed. A third special meeting and field trip was held on June 16, 1960 at Amherst, Ludlow and Springfield.



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The Committee on Environmental Sanitation, composed of Dr. Jakmauh, Chairman, Mr. Mutter and the Commissioner, has met regularly during the year prior to the regular Council meetings to study matters of sanitation significance and prepare recommendations for presentation to the full meeting of the Council.

The Committee on Hospital Problems, composed of the medical members of the Council, met three times during the year to consider and advise on general and specific problems connected with the Department's institutions.

General Duties

The regular duties imposed upon the Council by General Laws, Chapter 111, Section 3, and other statutes have been carried out. These include the approval and licensing of hospitals, blood banks, convalescent and nursing homes, rest homes, public medical institutions, city and town infirmaries, dispensaries and dental clinics, and medical schools and laboratories to obtain impounded animals; these approvals are based upon reports of inspections by members of the Department who inspect to ascertain if the facilities comply with the Department's minimum standards for licensure. Other duties include the certification of laboratories which have taken part in the annual evaluation carried on by the Institute of Laboratories and have demonstrated their ability to perform satisfactorily certain tests; approval of professional personnel at State, county and municipal sanatoria; approval of food regulations of local communities; approval of contracts for the production and sale of certified milk; advice to communities and official agencies on sanitary problems of water supply, sewage disposal, nuisances and offensive trades; and approval of out-of-state shellfish dealers which have been approved by their respective state authorities.

Renewal contracts or amendments to existing contracts between Nantucket and Barnstable counties, between the town of Brookline and Norfolk County, between Hampshire and Franklin counties, and between the city of Worcester and the County of Worcester for the care of tuberculosis patients were approved.

Special Matters

At a meeting on August 11, 1960 the Council adopted and forwarded to Governor Furcolo a resolution outlining a program for abatement of the pollution of Mount Hope Bay.

In August, 1959 an eighth bureau was established within the Department entitled the Bureau of Consumer Products Protection, to which the Division of Food and Drugs was transferred. Mr. George A. Michael was designated as Chief of the new bureau.

On September 15, 1960 a new schedule of rates for hospital care and treatment at the Department's institutions was approved, to become

effective January 1, 1960. In November the superintendents of these institutions were authorized to accept a rate lower than the established one from patients unable to pay the full rate but not eligible for public assistance.

The Superintendent of Tewksbury Hospital was authorized on December 8, 1959 to admit to that Hospital unsettled indigent persons without charge to a city or town, such individuals being by law the responsibility of the Commonwealth.

A license issued to a cold storage warehouse was suspended because of extremely unsanitary conditions found upon inspection.

On March 8, 1960 the prices for the sale of surplus biologic products were revised.

In accordance with the provisions of Chapter 611 of the Acts of 1959, a list of qualified persons was submitted to Governor Furcolo to serve as an Advisory Board for the Administration of the Bedding and Upholstered Furniture Law. These persons represented the consumer, the retailer, the supply dealers, the mattress manufacturers, the bedding association, the upholstered furniture manufacturers, and the reupholsterers.

Public Hearings

Public hearings were held by the Council on appeals of a hospital, two nursing homes and two rest homes from the decision of the Department to close them for continued non-compliance with the standards for licensure.

Under authority of General Laws, Chapter 111, Section 3, the Director of the Division of Sanitary Engineering was delegated to conduct public hearings on the acquisition of lands for protection of the public water supplies of Topsfield and Paxton, on the acquisition of land for sewage treatment purposes in Williamstown, and relative to an alleged nuisance caused by the operation of the Lowell municipal dump.

Under similar authority, the Director of the Division of Food and Drugs was authorized to hold a public hearing on the administration and dispensing of harmful drugs.

The information presented at hearings held by Division Directors was presented to subsequent meetings of the Council for action.

Legislative Reports

Reports prepared by the Department were approved by the Council and filed with the Legislature under authority of the following resolves:

THE UNIVERSITY OF CHICAGO
DEPARTMENT OF CHEMISTRY
CHICAGO, ILLINOIS

TO THE HONORABLE
THE SENATE OF THE UNIVERSITY OF CHICAGO

FOR THE PURPOSE OF
RECOMMENDING TO THE SENATE
THE APPOINTMENT OF

DR. [Name] TO THE POSITION OF
ASSOCIATE PROFESSOR OF CHEMISTRY
AND TO RECOMMEND THAT THE
SALARY OF SAID DR. [Name] BE
FIXED AT \$[Amount] PER ANNUM

IN WITNESS WHEREOF
I HAVE HEREUNTO SET MY HAND
AND SEAL OF THE DEPARTMENT OF CHEMISTRY
AT CHICAGO, ILLINOIS, THIS [Date]

DR. [Name]
ASSOCIATE PROFESSOR OF CHEMISTRY
DEPARTMENT OF CHEMISTRY
UNIVERSITY OF CHICAGO
CHICAGO, ILLINOIS

TO HONORABLE [Name]
VICE-CHANCELLOR OF THE UNIVERSITY OF CHICAGO

FOR THE PURPOSE OF
RECOMMENDING TO THE SENATE
THE APPOINTMENT OF

DR. [Name] TO THE POSITION OF
ASSOCIATE PROFESSOR OF CHEMISTRY
AND TO RECOMMEND THAT THE
SALARY OF SAID DR. [Name] BE
FIXED AT \$[Amount] PER ANNUM

Chapter 112 of the Resolves of 1958, relative to a study of the elimination or control of submerged weeds in certain great ponds of the Commonwealth;

Chapter 36 of the Resolves of 1959, relative to an investigation and study relative to equine encephalitis.

Regulations

Following public hearings held in accordance with the State Administrative Procedure Act, new regulations were adopted and previous regulations amended, as follows:

Relative to Plastic Bags and Plastic Film, promulgated under authority of Chapter 501 of the Acts of 1959, approved and adopted on April 12, 1960.

Concerning the Disposal of Containers of Poisonous Substances, promulgated under authority of Chapter 502 of the Acts of 1959, approved and adopted on April 12, 1960.

Relative to Orange Juice Drink and Reconstituted Orange Juice Drink, approved and adopted under authority of General Laws, Chapter 94, Sections 65Q and 192 on November 10, 1959.

Relative to Frozen Desserts, promulgated under General Laws, Chapter 94, Section 65, amended on December 8, 1959.

Regulations to Prevent Pollution of the Atmosphere, made under authority of General Laws, Chapter 111, Sections 5B and 142A, were approved on June 16, 1960 after a public hearing, and submitted to the Governor and Council for approval as required by said Section 142A.

Rules and Regulations relative to the Storage and Distribution of Frozen Foods were promulgated by the Director of Food and Drugs in accordance with Section 73A of Chapter 94 of the General Laws, as amended by Chapter 423 of the Acts of 1959, to become effective August 1, 1960.

Standards of identity and purity for Chlortetracycline to be used in the manufacture of Chlortetracycline Ice were approved on November 10 and December 8, 1959.

Hospital Survey and Construction

The annual revision of the Massachusetts State Plan for the Administration of the Hospital and Medical Facilities Survey and Construction Act was approved by the Council on November 10, 1959.

On February 9, 1960 the Public Health Council approved the policy adopted by the State Advisory Council for the administration of the Hospital and Medical Facilities Survey and Construction Act of admitting state-sponsored chronic disease projects for consideration for Federal grants for construction, feeling that after ten

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years of operation the majority of local projects which could become eligible had been approved.

During the fiscal year approval was given to applications from the following hospitals and homes for financial assistance from Federal funds allotted to the Commonwealth by the Surgeon General of the Public Health Service under the Hospital and Medical Facilities Survey and Construction Act; in some instances they represent additional grants given because of increased cost of construction as evidenced by the bids received or because it was found on further investigation that the facility was eligible for additional funds:

Jewish Home for the Aged, West Roxbury
Armenian Nursing Home, Jamaica Plain
Mary Lane Hospital, Ware
Henry Heywood Memorial Hospital, Gardner
Kennedy Memorial Hospital, Boston
Sturdy Memorial Hospital, Attleboro

Norwood Hospital, Norwood
Wesson Memorial Hospital, Springfield
Memorial Hospital, Worcester
Fairlawn Hospital, Worcester
Lowell General Hospital, Lowell
Peter Bent Brigham Hospital, Boston

Massachusetts General Hospital, Boston
Holy Ghost Hospital, Cambridge
Beverly Hospital, Beverly
Pittsfield General Hospital, Pittsfield
Winchester Hospital, Winchester
Benjamin Cable Hospital, Ipswich.

Personnel

In May the term of office of Dr. Conrad Wesselhoeft as a member of the Public Health Council expired and in the minutes of the meeting of May 10, 1960 the Council inscribed its appreciation and thanks to Doctor Wesselhoeft for his faithful service to the Department.

In June, 1960 Dr. Hugh R. Leavell, Professor of Public Health Practice at Harvard School of Public Health, was appointed by Governor Furcolo as a member of the Public Health Council.

On June 30, 1960 the membership of the Public Health Council was as follows:

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DEPARTMENT OF CHEMISTRY
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Alfred L. Frechette, M.D., M.P.H., Chairman
Paul J. Jakmaun, M.D., 1949-61
Gordon M. Fair, B.S., Dr.Ing., 1956-62
William H. Griffin, D.M.D., 1945-63
Charles F. Wilinsky, M.D., 1946-64
Raymond L. Mutter, B.S., R.S., 1947-65
Hugh R. Leavell, M.D., Dr.P.H., 1960-66

Acceptance of Report

At a meeting of the Department on November 8, 1960 the Commissioner presented to the Council a report of the Department of Public Health for the fiscal year 1960, and it was voted that the report, together with the foregoing brief summary of the activities of the Public Health Council, be approved and adopted as the report of the Department of Public Health for the fiscal year 1960.

1. The first part of the paper is devoted to a general discussion of the problem of the existence of solutions of the system of equations (1) for arbitrary values of the parameters α and β . It is shown that the system has solutions for all values of the parameters α and β if the function $f(x)$ is continuous and has a bounded derivative.

2. The second part of the paper is devoted to a detailed study of the properties of the solutions of the system of equations (1) for arbitrary values of the parameters α and β .

3. The third part of the paper is devoted to a study of the properties of the solutions of the system of equations (1) for arbitrary values of the parameters α and β . It is shown that the solutions of the system of equations (1) are unique and depend continuously on the parameters α and β .

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FORTY-SIXTH ANNUAL REPORT OF THE COMMISSIONER OF PUBLIC HEALTH

To the Public Health Council:

Gentlemen:

I have the honor to submit the forty-sixth annual report of the Department of Public Health for the fiscal year ending June 30, 1960.

BUREAU OF ADMINISTRATION

On the first Monday of each month the Commissioner has met with the Division Directors to discuss Departmental policies and administrative procedures. A half-day meeting for the entire Department staff was held at Lemuel Shattuck Hospital on March 10, 1960.

Weekly conferences were held by the Commissioner with representatives of the Division of Health Information to enable the staff of that Division to keep abreast of significant programs and events in the Department and allied organizations, develop feature articles, and disseminate news affecting the general public.

In compliance with the annual request of the Surgeon General, Governor Furcolo authorized the Commissioner to attend the Annual Conference of State Health Officers with the Surgeon General of the Public Health Service and the Chief of the Children's Bureau in Washington, and the Annual Meeting of the American Public Health Association in Atlantic City.

Boards and Commissions

By various statutes the Commissioner of Public Health is ex officio a member of various boards and commissions, including the Council for the Aging, Advisory Council on Alcoholism, Approving Authority for Colleges and Medical Schools, Approving Authority for Schools for the Training of Medical Laboratory Technologists, Approving Authority for Schools for Training X-ray Technicians, Milk Regulation Board, New England Interstate Water Pollution Control Commission, Rating Board, Commission on Rehabilitation, Water Resources Commission and others. The Commissioner attended personally as many meetings as possible and designated appropriate staff members to attend others, so that he was represented at all meetings of these commissions.

Medical Panels

General Laws, Chapter 32, Section 6, authorizes the Commissioner of Public Health to appoint chairmen of medical panels to review applications from and examine State and municipal employees applying for disability retirement. The chairman of each panel, insofar as is possible, must be a physician skilled in the particular



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branch of medicine or surgery upon which the application for disability retirement is based. The other two members of the panel are selected by the applicant and the local retiring authority.

During the year covered by this report, 696 new applications for disability retirement were received and processed. Because of the inability or unwillingness of one or more panel members to serve, 77 of these applications had to be processed twice, 16 were processed three times, and four had to be processed four times, adding considerably to the administrative work involved in the selection of panels.

In addition to medical panels for applicants for disability retirement, widows of firefighters, police officers and certain other employees whose work involves considerable risk may apply for an annuity under General Laws, Chapter 32, Section 89. Upon receipt of such applications the Department designates the third member of a board to determine whether or not the death of said employee was the result of an injury received in the performance of his duty. Annually about 50 such applications are received and processed.

Rating Board

This Board, under authority of General Laws, Chapter 32, Section 26, consists of the State Surgeon, the Commissioner of Public Health, and the Commissioner of Public Safety, whose duty is to interview and examine any member of the State Police applying for disability retirement because of illness or injury received in line of duty. During the fiscal year there was only one such applicant for retirement.

The 1960 White House Conference on Children and Youth

The 1960 White House Conference on Children and Youth was held in Washington March 27 to April 1, 1960. The Massachusetts representation consisted of the Commissioner of Public Health and 78 other delegates, including eleven youths and representatives of professional and lay groups interested in the State's younger citizens. At the Conference the Massachusetts delegation joined with 7,000 delegates from forty-nine other states in discussing the needs of the nation's children and planning a concerted attack on problems affecting their well-being. Members of the Massachusetts delegation have reported on the Conference to a total of 164 groups, representing over 15,000 individuals; also, they have participated in radio and television programs and have authored contributions to journals, organizational bulletins, and various other publications.

Both in preparing for participation in the Washington Conference and, after the Conference, looking to a long-range program for Massachusetts, a Citizens' Committee of approximately 90 lay and professional leaders from all sections of the State was organized; the full-time services of two staff members were



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provided by the Massachusetts Department of Public Health; the Governor appointed an Interdepartmental Committee on Children and Youth, chaired by the Commissioner of Public Health; an orientation conference was called by the Governor in February; and working parties of experts concerned with all phases of child life were organized.

Citizens' Participation Foundation

Early in the fiscal year, at the instigation of Mrs. Foster Furcolo, a Citizens' Participation Foundation was formed, the principal objectives of which were (1) to familiarize the general public with the work of the various State institutions, and (2) to raise money for "extras" for patients at these institutions. Subsequently, the following gifts were obtained and distributed to the appropriate institutions: television sets, buses to transport patients to sports and other events, pool tables, juke boxes, knitting needles, and prescription eye glasses.

Massachusetts Health Research Institute, Inc.

This Institute, incorporated on May 21, 1959, was organized, in part, to conduct and finance studies, research and demonstrations in the various fields of public health and medicine in keeping with the purposes and policies of this Department and agencies engaged in health research within the Commonwealth. During the past year the Institute accepted seven projects and one contract totalling approximately \$96,000. Individual gifts totalling \$385 were received for cancer research at Pondville Hospital.

The administrative staff of the Institute prepared an office manual, a brochure of questions and answers on the Institute and its purposes and objectives for distribution to the institutions of the Department and to other interested individuals and groups, and prepared informational articles for various public health and medical journals and interested groups.

Liaison Committee

In the summer of 1959 the Department and the Harvard School of Public Health, recognizing the value of the good relations that had always existed between them, agreed that there should be some official mechanism which would develop and co-ordinate the continuing relationship between the two institutions. Therefore, a Liaison Committee was established consisting of the Commissioner of Public Health and two other members of the Department, and the Dean and two other members of the School. In January 1960 a full-time Secretary and Liaison Officer joined the staff.

The full Committee has met on several occasions to plan closer co-ordination to enable students of the School of Public Health to participate in and derive benefits from work, observation or research in the State Department of Public Health and to enable the Department to benefit by using the School as a

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resource for research and technical assistance. One possible future cooperative effort considered was a health survey of Hampshire County. The environmental sanitation survey of the town of Bedford has been assisted by the Liaison Officer who is a member of the Technical Advisory Committee to the Citizens' Committee dealing with the project. At the close of the fiscal year it was agreed that this Committee is serving a useful purpose and provides a means whereby leaders of two health organizations may meet informally and discuss any problem in the entire field of public health and related activities, and may be the nucleus of co-ordinative efforts by other organizations.



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Regulations

The following rules and regulations have been promulgated by the Department and are still in effect;

Distribution of biologic products

Adopted 4/9/35; amended 5/14/40; 1/11/49; 12/15/53

Sale of surplus biologic products

Adopted 4/12/49; amended 4/15/53

Use of blood or other tissues for purposes of transfusion

Adopted 1/10/39; amended 4/10/39; 10/7/41; 11/4/41; 9/14/48; 3/11/52; 6/12/56

Cancer clinics and service unit values

Adopted 8/12/26; amended 6/14/27; 3/13/28; 1/5/35; 9/14/43; 10/5/43; 11/1/43; 12/14/43; 4/11/44; 1/14/47; 10/18/55

List of diseases dangerous to public health

Adopted 1907; amended 12/15/14; 12/14/15; 2/16/17; 4/3/17; 12/18/17; 10/29/18; 11/18/20; 12/8/21; 9/18/28; 6/11/35; 12/10/35; 11/10/36; 2/14/39; 5/1/41; 5/12/42; 4/14/43; 10/5/43; 12/14/43; 1/11/44; 11/3/48

Diseases declared to be dangerous to the public health and reportable

Adopted 1907; amended 12/15/14; 12/14/15; 2/16/17; 4/3/17; 12/18/17; 10/29/18; 11/18/20; 12/8/21; 9/18/28; 6/11/35; 12/10/35; 11/10/36; 2/14/39; 5/1/41; 5/12/42; 4/14/43; 10/5/43; 12/14/43; 1/11/44; 11/3/48

Isolation and quarantine requirements of diseases declared to be dangerous to public health

Adopted 8/9/38; amended 5/13/41; 1/11/44; 11/3/48; 8/12/52

Transportation of bodies dead of diseases dangerous to public health

Adopted 7/12/38; amended 8/9/38; 2/14/39

Funerals of persons dead of any disease dangerous to public health

Adopted 8/9/38; amended 5/13/41; 1/11/44

Procurement of impounded animals from animal pounds for purpose of scientific investigation, experiment or instruction, or for the testing of drugs or medicines

Adopted 12/10/57

Cremation

Adopted 12/5/07; amended 10/29/18

Treatment of persons exposed to rabies

Adopted 8/10/37; amended 5/13/41

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Approval of bacteriological and serological laboratories
Adopted 9/12/39

Use of a common drinking cup
Adopted 3/22/16

Use and concerning the providing of a common towel
Adopted 12/16/15; amended 3/22/16

Approval of lodging houses
Adopted 7/6/05

Barbering and barber shops
Approved 12/6/49

Cross connections between public water supplies and fire and
Industrial water supplies
Adopted 2/9/37; amended 5/12/42; 10/9/51

To prevent pollution or contamination of any or all of the lakes,
ponds, streams, tidal waters and flats within the Commonwealth or
of the tributaries of such tidal waters and flats
Adopted 8/14/45; amended 10/14/45

Supervision of plumbing
Adopted 6/11/35; amended 8/6/40; 1/10/50; 5/8/56

Minimum standards of fitness for dwellings
Adopted 12/6/49; amended 3/8/55

Operation of plants for the purification of shellfish
Adopted 6/5/28; amended 10/7/41

Enrichment of flour, white bread and rolls
Adopted 11/3/48

Establishing grades of milk
Adopted 5/8/35; amended 11/17/48; 6/12/56

Egg Nog
Adopted 6/12/56

Flavored milk
Adopted 6/12/56

Fortified non-fat milk, half and half, standardized milk
Adopted 7/10/56

Cottage cheese
Adopted 7/10/56

Mayonnaise, mayonnaise dressing, mayonnaise salad dressing,
salad dressing, french dressing
Adopted 7/10/56

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Fruit butter, fruit jelly, preserves and jams

Adopted 7/10/56

Sale of rabbits intended for food purposes

Adopted 5/14/29

Governing the business of cold storage, made under the provisions of General Laws, Chapter 94, Section 67

Adopted 10/10/33

Sterilization of feathers, down and secondhand materials intended for use in the manufacture of articles of bedding and upholstered furniture

Adopted 11/12/35

Labelling of articles of bedding and upholstered furniture

Adopted 12/10/30; amended 11/12/35

Manufacture and bottling of carbonated non-alcoholic beverages, soda water, mineral and spring water

Adopted 11/12/35; amended 4/7/36

Uncarbonated fruit beverages

Adopted 5/8/56

Business of slaughtering and meat inspection

Adopted 7/9/31; amended 12/10/35; 9/14/43

Poultry slaughterhouses

Adopted 9/14/43; amended 8/6/46

Approval of contracts for the production and distribution of certified milk

Adopted 7/14/36; amended 10/14/36

Frozen desserts and ice cream mix

Adopted 9/11/34; amended 5/8/56; *12/8/59 *6/9/59

Bakeries and bakery products

Adopted 2/14/33; amended 1/10/50

Definition of "pasteurized milk"

Adopted 7/8/41; amended 11/4/41; 6/15/50

Establishments for pasteurization of milk

Adopted 2/12/35; amended 6/15/50; 10/20/53; 6/12/56

Standards and definitions of purity and quality of food

Adopted 2/9/37; amended 5/8/56

Pork products intended to be eaten without cooking

Approved 2/12/24

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Dietetic foods

Adopted 5/12/53

Orange juice drink and reconstituted orange juice drink

Adopted 11/10/59

Cacao products

Adopted 8/13/57

Licensing of hospitals and sanatoria

Adopted 4/14/42; amended 2/9/43; 12/14/43; 3/14/50

Licensing of rest homes

Adopted 11/3/48; amended 12/3/57

Licensing of convalescent and boarding homes

Adopted 11/3/48; amended 12/3/57

Dispensary license

Adopted 1/12/19; amended 5/13/19; 5/10/38

Dental clinic license

Adopted 8/10/43

General Rules for Police Station Houses, Lock-ups, Houses of Detention, Jails, Houses of Correction, Prisons and Reformatories

Adopted 1910; amended 4/8/30; 6/15/48

To establish standards for tuberculosis hospitals and sanatoria

Adopted 6/14/27; amended 6/5/28; 8/12/32; 1/17/39; 5/10/38;
10/21/48

Obtaining state subsidy

Adopted 5/11/20; amended 6/5/28; 2/14/33; 3/13/34

Minimum requirements for tuberculosis dispensaries as defined by the Department of Public Health

Adopted 4/6/15; amended 7/11/16; 11/7/19; 7/14/25; 4/11/33

Active tuberculosis and methods of determining it in certifications made by boards of health and physicians

Adopted 12/11/56

Responsibility of superintendent or director of a tuberculosis hospital

Adopted 5/14/57

Minimum requirements for uniform dispensary record system

Adopted 7/14/25

Governing the hospitalization of patients with chronic rheumatism

Adopted 5/8/45



Reporting and control of venereal diseases

Adopted 12/18/17; amended 5/12/18; 6/11/18; 3/11/19;
11/12/23; 10/1/25; 10/8/29; 1/14/30; 1/14/36; 8/9/38;
4/11/44; 11/3/48

Treatment of persons suffering from venereal diseases who are
unable to pay for private medical care

Adopted 2/14/33; amended 8/10/37; 8/9/38; 9/12/39;
11/6/40; 4/13/48; 11/3/48

Issuance of premarital medical certificates

Adopted 4/11/50

Approved prophylactic remedy for use in the eyes of infants
at birth

Adopted 5/12/36

Physical examination of school children

Adopted 3/11/52; amended 8/25/53; 3/9/54; 2/14/56

Plastic bags and plastic film

Adopted 4/12/60

Disposal of containers of poisonous substances

Adopted 4/12/60

Standards of identity and purity for Chlortetracycline to be
used in the manufacture of Chlortetracycline Ice

Approved 11/10/59 and 12/8/59

Labelling of receptacles containing Benzol (Benzene), Carbon
Tetrachloride and other harmful substances (approved jointly
with Department of Labor and Industries)

Adopted 6/12/56

Regulations promulgated by Director of Marine Fisheries

Approved for sanitary requirements 4/13/42; 12/10/57



Legislation

The following legislation of particular interest to public health was passed by the 1959 and 1960 Legislatures, and enacted into law:

Acts of 1959 (July 1 - September 17, 1959)

Chapter

- 413 - An act relative to payment of claims of cities and towns for the care of tuberculosis cases. This legislation was introduced by the Department to give more flexibility in administering the laws relative to payment of subsidy. It will benefit small communities particularly.
- 418 - An act abolishing the office of Commissioner on Alcoholism and transferring the powers and duties formerly exercised by said Commissioner to the Department of Public Health. This legislation will integrate the work formerly done by the Commissioner on Alcoholism and the Division of Alcoholism of this Department; it will combine the scientific, educational, and administrative programs with the clinical programs in this field.
- 422 - An act relative to the adoption or amendment of regulations by the Department of Public Health to prevent pollution or contamination of the atmosphere and the effective date of such regulations. This law will facilitate the adoption of rules and regulations by the Department in the field of atmospheric pollution control by making them effective upon filing with the Secretary of State instead of after printing in fourteen different newspapers of the State.
- 423 - An act regulating the storage and transportation of frozen food. This law is an important advance in food control. Under it the Director of Food and Drugs is empowered to prepare rules and regulations regarding temperature control, sanitation and other matters.
- 442 - An act to include the chairman of the Water Resources Commission as a member of the New England Interstate Water Pollution Control Commission and to reduce from four to three the number of commissioners to be appointed by the governor.
- 446 - An act relative to erecting, altering, providing egresses from and inspecting rest homes and certain buildings used by children's foster care agencies.
- 457 - An act further defining "agency giving day care to children" as used in the law regulating agencies conducting day nurseries and similar establishments.

- 462 - An act enabling the use of certain facilities for the care of diseases of the chest. This legislation will permit municipal sanatoria to admit patients with chronic diseases of the chest other than tuberculosis, thus utilizing beds formerly restricted to patients with pulmonary tuberculosis but now not needed for such patients.

- 468 - An act further defining "milk product" and defining "whey powder."

- 494 - An act further defining the duties of the Commissioner of Public Health relative to certain institutions under the control of the Department of Public Health. This legislation clarifies the responsibility of the Department for all of its institutions and gives legal authority to conduct out-patient departments at Pondville and Lemuel Shattuck Hospitals.

- 497 - An act requiring certification to be furnished by an applicant for a license giving day care to children that any building occupied for such purpose has safe means of egress and fire control.

- 501 - An act authorizing the Department of Public Health to make rules and regulations concerning plastic bags and plastic film and to provide penalties for the violation thereof.

- 502 - An act authorizing the Department of Public Health to make rules and regulations concerning the disposal or discard of containers of poisonous substances. This act is directed to prevent the disposition of containers which hold poisonous substances; in the past children have ingested poisons from containers discarded in waste barrels. The rules and regulations to be promulgated will require that poisons be emptied from their containers into a sink or disposed of by a suitable process.

- 522 - An act relative to the enforcement of regulations established under the State Sanitary Code. This act permits local boards of health more responsibility in enforcement of the sanitary code and allows the Department to intervene after a reasonable length of time when the local authorities fail to act.

- 528 - An act relative to marking, advertising and storing apples.

- 529 - An act providing that county tuberculosis hospitals may under certain conditions admit persons suffering with chronic diseases as patients. By admitting them to a county hospital, an intermediary type of care will be provided for the constantly growing chronically ill older people who are unsuitable either for the general hospital or the nursing home type of care. The rate of occupancy of some of the county sanatoria has fallen to such proportions that the cost of maintaining an institution for the treatment of a few patients was excessive. This new law will help in maintaining the occupancy rate in county sanatoria. Chapter 529 is permissive, not mandatory.

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- 601 - An act authorizing the Commissioner of Public Health to acquire land in the city of Boston. This legislation permits the Department to purchase or take by eminent domain property in Jamaica Plain now owned by Harvard University, on which the Institute of Laboratories is located. The acquisition of this property would be economically advantageous to the Commonwealth since in order to get a fair return on its property Harvard has indicated that in the future the Department would be required to pay a substantial rent instead of only maintenance costs as at present.
- 611 - An act relative to the manufacture and sale of bedding, upholstered furniture and related products, and providing for the establishment of a furniture and bedding inspection section. This provides for the proper licensing and regulation of manufacturers and retailers of bedding and upholstered furniture, the proper enforcement of regulations and laws, and control over manufacturers of bedding and upholstered furniture located outside the State.

Resolves of 1959 (July 1 - September 17, 1959)

Chapter

- 36 - Further continuing the investigation and study by the Department of Public Health relative to equine encephalitis.
- 42 - Continuing the investigation and study by the Department of Public Health relative to establishing a ward for the treatment of certain persons in the Lemuel Shattuck Hospital.
- 55 - Providing for an investigation and study by a special commission relative to the use of pesticides and the effects of aerial and ground spraying of insects and crops within the Commonwealth.
- 56 - Reviving and continuing the special commission established to make an investigation and study relative to the establishment of an atomic energy industrial research center.
- 61 - Providing for an investigation and study by the Commissioner of Agriculture and the Commissioner of Public Health relative to living and working conditions of certain migrant and temporary laborers.
- 63 - Reviving and continuing the special commission established for an investigation and study relative to the systems of sewerage and sewage disposal in the North and South Metropolitan Sewerage Districts and the City of Boston, and the water systems in said Districts.
- 73 - Authorizing the Department of Public Health to make an investigation and study of the matter of abating the stench nuisance in the south end of New Bedford at Cove Road.

- 77 - Further reviving and continuing and increasing the membership of the special commission established to investigate and study the feasibility of establishing a Southeastern Massachusetts Water District and other subject matters.
- 89 - Providing for a study by a special unpaid commission relative to health insurance coverage for elderly persons. (The Commissioner of Public Health is named as a member of this commission)
- 99 - Resolve increasing the scope of the special commission established to make an investigation and study relative to the establishment of an atomic energy industrial research center.
- 103 - Resolve providing for an investigation and study by a special commission relative to the rules and procedure of the Board of Registration in Medicine in examining applicants for registration, especially graduates of foreign medical schools.
- 107 - Same subject as Resolve 103.

Acts of 1960 (January 1 - June 30, 1960)

Chapter

- 3 - An act authorizing municipalities to appropriate money for hearing aids for needy school children. This legislation was introduced by the Department and will alleviate the financial burden on parents of acquiring hearing aids for their children by authorizing their purchase by local communities.
- 43 - An act regulating the manufacture and sale of cultured milk products. This act limits the production of cultured milk products to licensed pasteurization plants located within the Commonwealth and gives the Department supervision over the production of these perishable items.
- 45 - An act further defining "milk product" and defining "butter-milk powder." This legislation allows the use of buttermilk powder in frozen desserts under standards established by the Department.
- 69 - An act providing that certain actions for malpractice, error or mistake be advanced for speedy trial at the request of either party.
- 172 - An act to further define and clarify the powers of local boards of health relative to enforcing minimum housing standards and other provisions in the State Sanitary Code. This legislation provides more effective action by local boards of health in improving the quality of existing housing, and gives

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such boards authority to order demolition or removal of vacant substandard dwellings which have deteriorated beyond the point of economical repair and constitute a health nuisance and safety hazard.

- 177 - An act further regulating the eligibility of graduates of foreign medical schools to be examined for licenses to practice in the Commonwealth. This act gives graduates of foreign schools who fail their first examination, many times because of difficulty with examinations in English, opportunity for two re-examinations by the National Board of Medical Examiners.
- 188 - An act authorizing appointment of faculty members of medical colleges and universities to the Board of Registration in Medicine.
- 200 - An act relative to the enforcement of the law relative to the sale or dispensation of harmful drugs. This legislation clearly delineates the authority of the Department of Public Health and the Board of Pharmacy in the so-called "harmful drug law."
- 204 - An act further regulating the sale, possession and distribution of narcotic drugs. This act defines the place of incarceration where persons convicted of violating the narcotic drug law may be kept. The need for this legislation was evidenced when members of the judiciary were hesitant as to the place of commitment in view of the extremely severe penalties of the narcotic drug law. A minimal penalty is also provided to give judges greater leeway in handling first offenders.
- 243 - An act establishing certain minimum penalties for giving false weight or measure.
- 244 - An act providing that certain packages of food sold at retail shall bear a statement as to price per pound and total sales price.
- 274 - An act relative to opening certain board or committee meetings to the public.
- 304 - An act relative to flying the flag of the Commonwealth at half-staff on State-owned or State-controlled buildings and on State installations. This legislation enumerates the occasions and the periods of time during which the State flag shall be flown at half-staff.
- 324 - An act providing that evidence properly attested to that certain provisions have been complied with shall be prima facie evidence that an effective determination has been made. This applies to the presentation of evidence in cases of prosecution of persons for violation of the shellfish laws.



- 367 - An act providing that certain graduates of foreign medical schools may be examined for registration as physicians without taking the screening examination conducted by the National Board of Medical Examiners.
- 423 - An act authorizing the Department of Public Health to eliminate submerged weeds in Lake Quinsigamond and its tributaries. At certain times of the year these weeds have caused severe nuisance conditions and have interfered with fishing, boating and swimming, and during warm months an odor nuisance has prevailed in the area due to decomposition of the weeds. This project by the Department will not only provide relief from the nuisance but will greatly augment our present knowledge of control chemicals and methods of application.
- 444 - An act requiring the humane slaughtering of livestock.
- 455 - An act relative to the purchase and other acquisition of certain narcotic preparations and the penalties therefor. This legislation was introduced to modify a section of Chapter 210 of the Acts of 1959.
- 482 - An act establishing an advisory council to consult with the Department of Public Health relative to the Hospital Survey and Construction Act of the Federal Government. This council will consist of the Commissioners of Public Health, Mental Health and Public Welfare, ex officios, and twelve persons to be appointed by the governor who shall be representatives of agencies concerned with the operation, construction or utilization of hospitals.
- 483 - An act providing that persons granted a certificate of limited registration entitling them to practice medicine in a certain hospital or institution may also practice medicine in affiliated hospitals.
- 518 - An act authorizing the transfer of a certain parcel of park land in the city of New Bedford from the Board of Park Commissioners to the Board of Health of said city for a health center.

Resolves of 1960 (January 1 - June 30, 1960)

- 12 - Further continuing the investigation and study by the Department of Public Health relative to equine encephalitis. This study was recommended by the Department in a report made under authority of Chapter 36 of the Resolves of 1959. Under the continuing resolve the Department will attempt to obtain evidence of infection in migratory birds during their northward passage. The information obtained will be valuable in the development of a future program for the control of equine encephalitis.



- 27 - Providing for an investigation and study by the Department of Public Health relative to the control of the nuisance caused by "fish flies" or "may flies" in the Narrows area of Fall River and Westport adjacent to the Watuppa Ponds.
- 40 - Providing for an investigation and study by a special commission relative to encouraging the citizens of the Commonwealth in constructing appropriate shelters against the dangers of radioactive fallout. This resolve establishes a special commission consisting of various administrative, legal and public safety personnel, but not including public health, to study proposals to encourage the citizenry to protect themselves against the dangers of thermonuclear warfare.
- 43 - Reviving and continuing the special unpaid commission established to make a study relative to the laws relating to convalescent or nursing homes, and to the standards and costs thereof.
- 44 - Providing for an investigation and study by a special commission relative to the care and treatment of the chronically ill, the aged and the infirm in the Commonwealth. The Commissioners of Mental Health, Public Health, Public Welfare, and Rehabilitation, the Chairman of the Council for the Aging, and other persons comprise this special commission.
- 53 - Authorizing the Department of Public Health to make a study and investigation of the waters of the Merrimack River in the area of the city of Lowell.
- 59 - Increasing the scope of the special commission established to make a study relative to the laws relating to convalescent or nursing homes, and to the standards and costs thereof.

As the 1960 Legislature was still in session on June 30, 1960, it is expected that additional laws concerning public health and conferring new responsibilities upon the Department, and additional resolves providing for special investigations and studies will be enacted early in the 1961 fiscal year.

Recommendations for 1960 Legislation

Following is the legislation to be submitted by the Department to the 1961 session of the General Court:

1. AN ACT REORGANIZING THE DEPARTMENT OF PUBLIC HEALTH. Chapter 17 was inserted in the General Laws in 1914, creating a Department of Public Health to supersede the former State Board of Health. From time to time in the ensuing forty-six years, amendments have been made as the field of public health broadened but the basic administrative structure has not been changed.

The Public Health Council has been handicapped in recent years by the necessity under an annually increasing number of statutes of giving time-consuming consideration to many routine matters when their primary function should be determining the various policies of the Department, the holding of hearings and the promulgation of regulations for the protection of the public health throughout the Commonwealth.

The proposed legislation will clarify the authority of the Commissioner and Public Health Council under Chapter 17, in line with present day concepts of public health administration. It will remove the Commissioner as a member of the Public Health Council, thus eliminating the duality of roles of being both the administrator of the Department and advisor to himself. It will permit the Public Health Council, upon the recommendation of the Commissioner, to establish a simplified administrative organization of the Department. Bureau chiefs who will be designated deputy commissioners will be responsible for the administration of a group of divisions or hospitals.

The term of office of the Commissioner is changed to six years to conform to that of the Commissioner of Mental Health. Also, in the appointment of the Commissioner, use is made of the Public Health Council as a recommending body.

This legislation is of basic importance to the proper development of the health programs of the Commonwealth in the years ahead.

2. AN ACT PROVIDING FOR REORGANIZATION OF TUBERCULOSIS CARE, TREATMENT, AND CONTROL IN THE COMMONWEALTH. This proposed legislation provides for dealing with tuberculosis on a state-wide basis, setting up, as of June 30, 1962 or January 1, 1963, depending on legislative action, a system of regional tuberculosis hospitals which can be adjusted in size and distribution as the need for hospitalization changes; a delayed-enactment method during which time the necessary change-over can be made for the program; and authorization for sanatoria not included in regional plan to convert to chronic disease hospitals, homes for aging, etc.

The plan authorizes the State to assume responsibility for providing tuberculosis care, either in the Department's hospitals or in other public or private institutions. In order to do so, the State would charge cities and towns directly only for patients who



are actually receiving care. The rate would be established at approximately one-half actual per diem cost; the remainder of per diem cost would be assumed by the State. Settlement requirement would be removed and municipalities would be charged for all patients who are residents of the city or town. To afford relief from possible inequities for some cities and towns under the "residency" method, a special category of "chronically non-resident persons" who are special problems for tuberculosis disease control will be established and the State will take full financial responsibility for such persons. Municipalities would still be allowed to recover some part (\$10.50 per week as it is now) of the cost of care of residents from patients or their families providing they are not medically indigent.

The Department of Public Health will provide tuberculosis care in either State or locally operated hospitals. Where the hospitals are county or city institutions, the Department will make contracts with the hospital trustees or county commissioners to provide care. Yearly contracts will provide for payment directly to the hospitals by the State based on a reasonable rate set for the hospital, reflecting per diem costs. The State will set up the regions to be served by each hospital and will centrally supervise patient admissions.

Authorization is made for the transfer of any of the county or municipal tuberculosis hospitals to the State with provisions for transfer of personnel. The county institutions would be reorganized as direct county responsibilities and the "hospital districts" as now constituted would be abolished. All cities and towns in the counties would be responsible for the maintenance of the county hospitals, and the net cost of operations (above what is obtained from the State under the contracts, if costs remain) shall be apportioned as a part of the regular county tax on the municipalities, based on valuation.

The bill also contains authorization for the expansion and reorganization of out-patient and diagnostic facilities in the State. An added 5 per cent of actual hospital per diem costs will be added to the per diem rate charged cities and towns for resident patients as a means of partial financial support for this expanded program.

3. AN ACT INCREASING THE SCOPE OF INDEMNIFICATION OF STATE EMPLOYEES BEYOND THE HOSPITAL GROUNDS. The nurses and physicians employed by the Division of Sanatoria and Tuberculosis are required to perform the tuberculin test in the course of their duties. This involves the use of syringe and needle. The National League for Nursing has made a statement that when nurses are used for tuberculin testing they should be assured of legal protection in the case of any liability incurred. The physician is also legally responsible for the carrying out of his order by the nurses under his supervision. Protection already exists for workers within hospital grounds. The proposed legislation would protect employees in the performance of their duties off hospital grounds.

4. AN ACT FOR THE INDEMNIFICATION OF STATE OFFICERS, EMPLOYEES AND AGENTS IN CONNECTION WITH ACTIONS ARISING OUT OF THEIR USE OF OR

ACTIONS CONCERNING HAZARDOUS MATERIALS AND SOURCES OF IONIZING RADIATION. State employees are now required as part of their regular duties to handle hazardous materials and operate sources of ionizing radiation. Undoubtedly, a substantial number of employees will be so engaged in the future. The possibility of claims being entered against the employee (since the sovereign is immune from suit) by individuals claiming damage arising from acts of such employees, or from the radiation they control, cannot be ignored.

The Commonwealth has an obligation to protect its officers, employees or agents so long as they are properly carrying out their assigned duties. This obligation is recognized by Section 3B of Chapter 12, authorizing the Attorney General to defend and settle claims against State employees operating State vehicles. The proposed Section 3E of Chapter 12 would provide a similar provision in the case of radiation damage; proper steps to have its provisions enacted into law are urged. The proposed act covers all hazardous materials; it is felt that if ionizing radiation warrants this treatment, so do all other materials or applications which might result in litigation involving State employees. In the interest of efficient legislation, the proposed bill was drafted so as to include all hazardous materials.

5. AN ACT TO PREVENT THE POLLUTION OF SOURCES OF PUBLIC WATER SUPPLY. Under present conditions, activities or structures presenting serious pollution hazards may be instituted near a public water supply source and no corrective action can be taken by the Department until after the pollution has occurred. Passage of this bill would protect the health of all water consumers and of the users of semi-public water supplies not authorized by legislation, since Section 159 of Chapter 111 states that the Department shall have oversight and care of all inland waters and underground waters used by any person in the Commonwealth.

It is the opinion of the Department that the existing Section 160 needs clarification in that, in the absence of rules and regulations, there may be some question as to the authority of the Department to issue orders. It is not considered feasible to adopt rules and regulations to prevent the pollution of underground sources of water supply because of the large number of such sources and the varying topographical and subsurface conditions surrounding them.

6. AN ACT AUTHORIZING THE DEPARTMENT OF PUBLIC HEALTH TO REQUIRE THE INSTALLATION AND OPERATION OF WORKS TO PRODUCE AND DELIVER A SAFE WATER SUPPLY. There are no laws authorizing this department to require the installation and operation of works to produce and deliver a safe water supply. There are communities in the Commonwealth served by water supplies from surface sources which do not provide chlorinating or filtration facilities despite advice of this department. Persons traveling from one community to another are entitled to a safe public water supply wherever they may wish to drink and thus the Department should be empowered to require such forms of treatment as will provide a safe source of water supply.

7. AN ACT FURTHER REGULATING LICENSING OF CAMPS, MOTELS AND TRAILER COACH PARKS. The purpose of this legislation is to require a person who proposes to construct a recreational camp, overnight camp or cabin or motel to obtain a license, which is conditional upon construction in accordance with plans approved by this Department. Such conditional license and departmental approval of plans now is required of those who propose to construct a trailer coach park.

At the present time, the Department approves plans showing the structures, fixtures and facilities to be provided for trailer coach parks prior to construction. This is not the case where a recreational camp, overnight camp or cabin or motel is to be built. The Department frequently is called upon to approve inadequate facilities after construction is completed, with additional expense to the licensee to comply with the requirements of the Department. The proposed law will require departmental approval of plans prior to construction and permit the licensee to make such necessary changes prior to construction.

The proposed law for recreational camps, overnight camps or cabins and motels would work precisely as the present trailer coach park law works. A person planning to construct a recreational camp, overnight camp or cabin or motel would file with the local board of health a plan showing the structures, fixtures and facilities to be provided. The board would submit the plan to the Department which, after review, would require such changes as it deems necessary. After departmental approval has been obtained, the board of health then grants a conditional license to the applicant.

8. AN ACT REPEALING THE PROVISIONS OF LAW REQUIRING PUBLICATION OR POSTING OF RULES AND REGULATIONS OF THE DEPARTMENT OF PUBLIC HEALTH RELATIVE TO PROTECTION OF WATER SUPPLIES. General Laws, Chapter 111, Section 161, provides for the publication or posting of rules and regulations made under the provisions of Sections 160 and 162. The rules and regulations of the Department relative to the protection of public water supplies and to cross connections are made under the provisions of Section 160 of Chapter 111; to comply with the provisions of Section 161, they must be published in a newspaper in each community where they are to become effective, or if no newspaper exists in that town, posted in a public place. A copy of the notice must be recorded with the Town Clerk.

Since there are approximately 306 public water supply systems in Massachusetts it is evident that rules and regulations must be published or posted in many areas, placing an undue burden upon the finances and time of the Department. This is particularly important at this time when the Department proposes to adopt new rules and regulations for preventing the pollution and securing the sanitary protection of certain waters used as sources of public water supplies. These rules and regulations would be uniform in character and would cover all surface sources with the exception of those obtained from the Merrimack River, the Concord River, the Ipswich River and Long Pond in Lakeville and Freetown.

The proposed act would delete Section 161 from Chapter 111 of the General Laws and rules and regulations made by the Department pertaining to water supply would be adopted in the same manner and become effective as other rules and regulations adopted under the Administrative Practice Act.

9. AN ACT RELATIVE TO ADOPTION OF RULES AND REGULATIONS BY THE DEPARTMENT OF PUBLIC HEALTH FOR THE PROTECTION OF HEALTH, SAFETY, COMFORT AND CONVENIENCE. The Department, under the provisions of Section 5 of Chapter 111 of the General Laws, may adopt public health regulations to be known as the State Sanitary Code. The Code deals with matters affecting the health and well being of the public in the Commonwealth in subjects over which the Department takes cognizance and responsibility. However, it is further stated, local boards of health shall enforce said code in the same manner in which local health rules and regulations are enforced but if any local board fails after the lapse of a reasonable length of time to enforce the same the Department may in like manner enforce said code against any violator. Thus the initial responsibility for enforcement rests with the local board of health in any matter contained in the Sanitary Code.

There are certain fields in which the initial responsibility should rest with the State Department of Public Health, particularly in the fields of public water supply, water pollution control, radiological health, atmospheric pollution, etc.

When the State Sanitary Code was first envisioned it was in the minds of those who drafted this legislation and probably in the minds of legislators who enacted the legislation that rules and regulations could be adopted in which prime responsibility for enforcement would rest with the State Department of Public Health. Evidence to this effect is contained in Chapter 678 of the Acts of 1957 which originally authorized the adoption of a Sanitary Code in language which still persists, "Pending the establishment of the Sanitary Code provided for under Section 5 of Chapter 111 of the General Laws as amended by Section 1 of this Act (Chapter 678, Acts of 1957) the rules and regulations to prevent pollution or contamination of any or all of the lakes, ponds, streams, tidal waters and flats within the Commonwealth or of the tributaries of such tidal waters and flats, prescribed and established by the Department of Public Health on August 14, 1945, and approved by the Governor and Council on September 19, 1945, shall continue in full force and effect!" The responsibility for the enforcement of these rules and regulations rests entirely with the Department of Public Health or such other agency as the Department may authorize to enforce the same. However, the validity of such rules and regulations is somewhat in question as the Sanitary Code has been established in certain fields.

Authorization to adopt rules and regulations of a general nature such as would be provided by the proposed Act is much needed to cover fields in which the Department takes full cognizance and primary jurisdiction.

10. AN ACT CHANGING THE TIME LIMIT IN CONNECTION WITH REQUESTS FOR FINANCIAL ASSISTANCE FOR PREMATURE INFANTS. Under present law no expense for hospital care of a premature infant is reimbursable unless written notice is sent to the local board of health within ten days of birth. Parents are not always advised by the hospital that such a program is available; therefore, a thirty day limit for notification appears reasonable in order that otherwise eligible infants may receive help.

Notification given by the town of residence to the town of settlement can likewise be extended from a sixty day limit to within a ninety day period. In some instances, in order to establish settlement several towns of past residence may have to be notified and records verified. It is not always possible to complete this investigation within the sixty day time limit.

11. AN ACT PROVIDING FOR THE REPORTING OF BIRTH WEIGHT OF INFANTS TO LOCAL BOARDS OF HEALTH. It is proposed that after the word "color", the words "birth weight" be inserted. This information has been required on the birth certificate since 1957 but is not included in the list of items mentioned in Paragraph 2 of the present law; therefore, town clerks do not include this information in the daily list to the boards of health. Birth weight is an important factor in any study of infant deaths.

12. AN ACT DEFINING "COWS' MILK" AND INCLUDING "GOATS' MILK" IN THE DEFINITION FOR MILK. As a result of the request of the Medical Milk Commission for the certification of goat milk farms, it is found necessary to amend the General Laws to include goats' milk in a definition of milk.

13. AN ACT REGULATING THE SALE AND DELIVERY OF CERTAIN DEVICES INTENDED FOR THE GENERAL TREATMENT OF DISEASE. It has been called to the Department's attention that although much attention has been given to the standardization of medicinal products, no attention has been given to such items as devices and surgical implants. This group of materials includes various metallic substances that may be inserted into the human body for structural support and for the general treatment of disease.

Since much evidence has developed during recent years indicating the need for standardizing and controlling the sale of such items, this legislation is being filed by the Department.

FISCAL SECTION

BUDGET 1959 - 1960
DEPARTMENT - MAINTENANCE

<u>FISCAL</u> <u>YEAR</u>	<u>TOTAL</u> <u>BUDGET</u>	<u>PER</u> <u>CAPITA</u>	<u>TOTAL</u> <u>STATE</u>	<u>PER</u> <u>CAPITA</u>	<u>TOTAL</u> <u>FEDERAL</u>	<u>PER</u> <u>CAPITA</u>
1960	\$ 8,352,937.	\$1.67	\$ 4,760,068.	\$.95	\$3,592,869.	\$.72

INSTITUTIONS - MAINTENANCE

<u>Fiscal Year</u>	<u>State Funds</u>	<u>Per Capita</u>
1960	\$14,423,790.	\$2.88

GRAND TOTAL - DEPARTMENT AND INSTITUTIONS

<u>FISCAL</u> <u>YEAR</u>	<u>TOTAL</u> <u>BUDGET</u>	<u>PER</u> <u>CAPITA</u>	<u>TOTAL</u> <u>STATE</u>	<u>PER</u> <u>CAPITA</u>	<u>TOTAL</u> <u>FEDERAL</u>	<u>PER</u> <u>CAPITA</u>
1960	\$22,776,727.	\$4.55	\$19,183,858.	\$3.83	\$3,592,869.	\$.72

DEPARTMENT EXPENDITURES 1959 - 1960

	<u>TOTAL</u>	<u>STATE</u>	<u>FEDERAL & PRIVATE</u>
Commissioner's Salary	\$ 16,000.00	\$ 16,000.00	-----
Administration	434,096.84	200,109.15	233,987.69
White House Conference			
on Children & Youth	8,380.35	-----	8,380.35
Planning & Research	301,935.65	-----	301,935.65
Environmental Sanitation	889,986.06	807,748.00	82,238.06
Special Projects	667.89	667.89	-----0
Water Pollution	81,669.19	9,780.00	71,889.19
Membrane Filter Technic			
Research at Lawrence	18,060.03	-----	18,060.03
Preventive Disease Control	1,618,174.61	1,434,344.59	183,730.02
Health Services	1,066,221.76	635,899.12	430,322.64
Hospital Facilities	158,295.23	137,953.00	20,342.23
Tuberculosis Control	259,303.71	177,384.22	81,919.49
Reimbursement to Cities & Towns for T. B. Patients	270,530.56	270,530.56	
Institute of Laboratories	708,779.14	700,584.43	8,194.71
Grants - In - Aid	7,700.00	-----	7,700.00
TOTALS	\$ 5,839,801.02	\$4,391,100.96	\$1,448,700.06

Division of Training and Research

Relationships with official and voluntary health agencies throughout the Commonwealth continued their steady growth during the period of this report. In addition to ongoing collaboration with the Joint Liaison Committee, consisting of representatives of the United Community Services of Metropolitan Boston, the Metropolitan Boston Health Officers Association and the Massachusetts Department of Public Health, several short courses were conducted which were attended by personnel of both official and voluntary agencies.

Following completion of a course on Local Public Health Administration a similar course was requested by a group of health agents and sanitarians in the western district. This course was conducted during October, November and December, 1959 at Amherst. Although designed primarily for agents and sanitarians, it was attended by representatives of several other public health disciplines, such as nurses from official and voluntary agencies and the directors of tuberculosis associations. Of the 36 enrollees, 30 were awarded certificates for attendance at eight of the ten sessions.

In early 1959 the Southeastern Association of Boards of Health requested that a short course on Administration for Local Boards of Health be organized specifically for members of these boards. This six-session course was conducted in Avon during March, April and May, 1960. While designed for board members, it was attended by health agents, sanitarians, nurses, both official and voluntary board of health physicians, clerks, laboratory personnel, individuals from tuberculosis associations and members of the Department of Public Health. Of the 137 enrollees, 106 attended the four sessions required for a certificate of satisfactory completion of the course. The average attendance was 98.

In response to a request from the Central Massachusetts Associated Boards of Health, plans are now being completed to conduct a similar six-session course in the Central District during October, November and December of this year.

During May 1960, two-day courses on Swimming Pool Sanitation were conducted at Hyannis, Newton and Amherst. These were attended by 240 public health personnel, building and plumbing inspectors, owners and operators of swimming pools and members of the swimming pool industry from 23 per cent of the communities in the Commonwealth. Plans are being made to repeat these courses in early 1961 in response to many requests.

A three-day course on Insect and Rodent Control will be conducted during the latter part of October at the Waltham Field Station of the University of Massachusetts. This course is intended for personnel of the several mosquito control projects of the state as well as general public health personnel. Cooperating with the organization of this course are the Public Health Service, Superintendents of Mosquito Control Projects and the Massachusetts Association of Sanitarians.

Two orientation programs were conducted for recently employed professional personnel of the Department and were attended by 45 persons. Orientation programs are being planned for clerical personnel during the coming fall and winter. Two telephone usage courses, conducted by the telephone company were offered this latter group during the past year with an attendance of 53. A seminar on language as communication was presented to departmental personnel. First aid courses were conducted for the staffs of the Northeastern and Southeastern Districts. One of the sessions was devoted to maintenance of automobiles, technical assistance being provided by the Ford Motor Company. Similar courses are being planned for staffs of the Central and Western Districts and for personnel of the Department assigned to the State House during the coming year.

During 1959-1960, full-time academic training was provided for 14 persons. In addition, 9 individuals received part-time academic training through the Department. These included physicians, nurses, medical social workers, EKG technicians and a sanitary engineer.

Field training was provided for 2 sanitarians, 5 medical social students and 16 nurses. Short courses in obstetrics, aural and oral rehabilitation, school health education, maternity nursing, day care agencies, nutrition, sociology, public health nursing, maternal and child health, chronic disease control, preventive dentistry, radiological health, atmospheric sampling, care of premature infants, human relations, guidance of retarded children, physical therapy, teaching the deaf and blind, and civil defense, were carried out in various areas.

Visitors from five foreign countries arrived at the Department and were scheduled for observation, orientation, field trips, etc., in accordance with their special interests.

Division of Health Information

"Commonhealth" continued to be published bi-monthly, featuring the following issues:

1959:

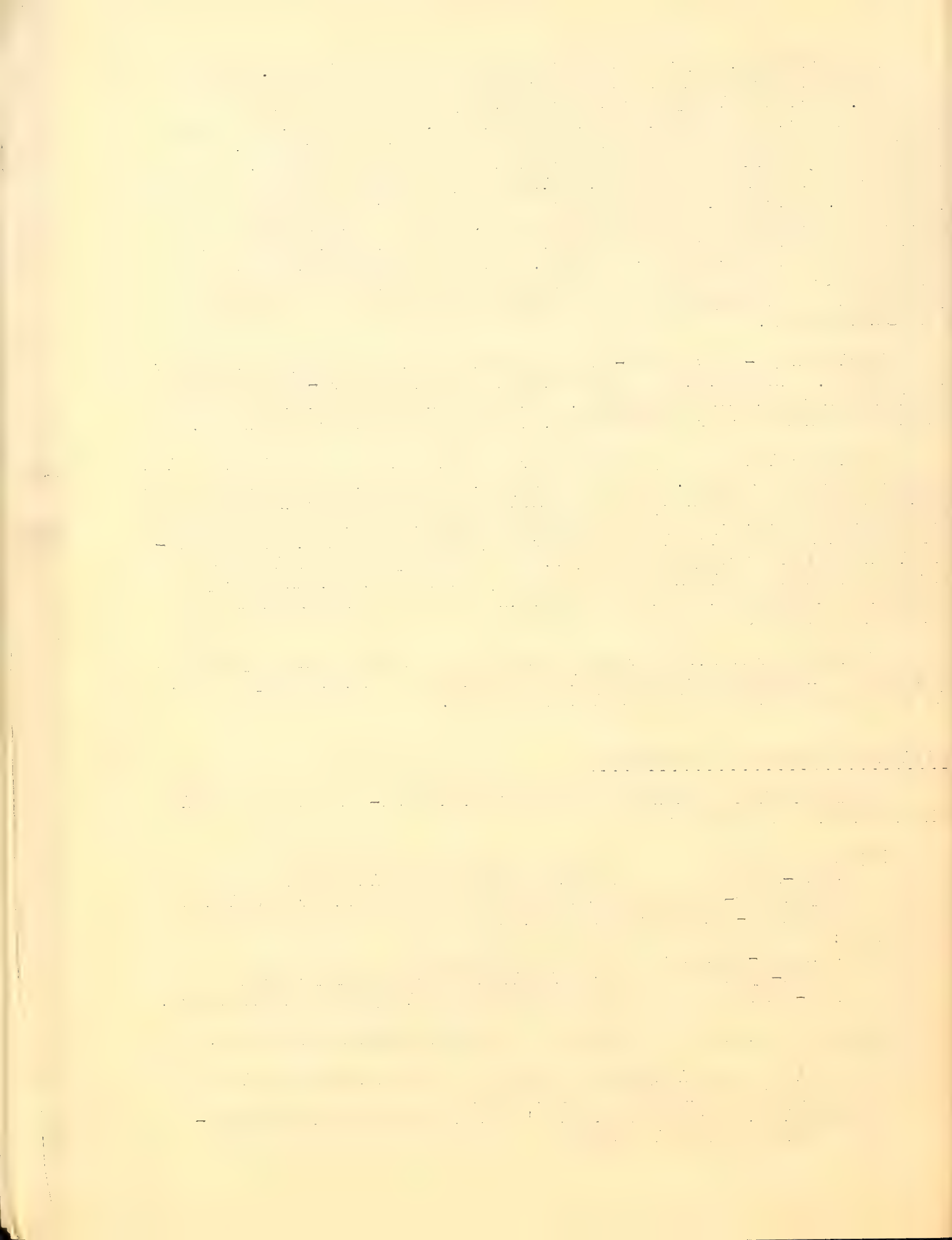
July-August	Public Health in Civil Defense
September-October	Public Health and Veterinary Medicine
November-December	Alcoholism

1960:

January-February	Tewksbury Hospital
March-April	Drug Addiction Treatment Program
May-June	Westfield Sanatorium, 50th Anniversary.

Feature articles in "This Week in Public Health" included:

Citizens Participation Foundation Established to Aid
Patients in State Institutions
Commissioner on Alcoholism's Office Merged with Department of Public Health



32.
Rehabilitation Center for Drug Addicts Advocated
Division of Food and Drugs Transferred to Bureau
of Consumer Products Protection
Admission of Chronic Disease Patients to County
Sanatoria
Institute on Local Public Health Administration
Health Research Institute Gets under Way
Massive Cancer Protection Survey
International Survey of Alcoholism Problem holds
Promise for Bay State
Liaison between Department and Harvard School of
Public Health
Pilot Program of Drug Addiction Treatment Proposed
White House Conference on Children and Youth
Education Preparation of Public Health Nurses
Community Leadership in Public Health
Crime Background of Chronic Drunkenness
Polio Vaccination Programs urged on Boards of
Health and Physicians.

A total of 165 news releases were prepared and distributed to all newspapers and broadcast facilities in the State. Foreign newspaper publicity was obtained by releases and photos pertaining to Department visitors from other countries. The film service was completely revamped and an up-to-date film catalog prepared. Notable in safety education was the showing of the new rescue-breathing film to scores of audiences throughout the State, including district medical societies, nursing associations and police units.

A revised Handbook for Physicians was compiled, published and mailed to all Massachusetts physicians.

The library cataloguing system has been brought up to date so that every book and pamphlet in the Department's library is now catalogued by subject, author and title. Annual reports were received from 350 Massachusetts cities and towns, from other states, and from many hospitals, were catalogued and filed.

The efficiency of the production unit has been greatly increased with the acquisition of additional space adjacent to the supply room, thus eliminating waste time and motion necessitated in the former scattered unit. New exhibits on nutrition, air pollution, tuberculosis, alcoholism, Massachusetts Committee on Children and Youth, and the Western District Health Office were designed and constructed.

In the photography unit, 1178 negatives on various public health activities were processed, from which 896 contact prints and 1089 enlargements were made.

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BUREAU OF HEALTH SERVICES

Division of Local Health Services

During the year demonstration programs in home medical care were instituted in three local health departments (Cambridge, Newton and Pittsfield) with State assistance. In each of these programs a coordinator was employed to see that services requested by a physician on behalf of his home patients are provided; financial responsibility rests with the patient or other agency, such as the Welfare Department. It is hoped that these demonstrations will create an awareness and appreciation of the value of available medical social workers, physiotherapists, occupational therapists, nutritionists and laboratory technicians in addition to the traditional public health nursing care which has been given in the past to patients in the home.

Work has continued in studying and analyzing data in regard to accidents. The accident prevention programs in Nashoba and Worcester were reviewed. Three particular problems arose during the year in this field: the hazard of asphyxiation from space heaters, the hazard to infants and children of suffocation from plastic bags, and lead poisoning.

Six meetings of the District Health Officers were held during the year; the Commissioner addressed each meeting on topics of current interest and future interest to public health.

During the year the staff of this Division cooperated with the Metropolitan Boston Health Officers Association and the United Community Services in preparing a set of minimum standards of performance for local boards of health. These standards will undoubtedly assist boards of health in applying the provisions of the Sanitary Code when adopted.

Public Health Nursing Section

The annual Maternity Nursing Institute conducted by the Department and Boston Lying-In Hospital was held under the sponsorship of the American College of Obstetricians and Gynecologists of Region I. Approximately 400 nurses from the region attended -- 100 from Massachusetts. Other institutes and workshops planned by the Public Health Nursing Section with other agencies or divisions of the Department were a Cancer Institute at Pondville Hospital, a Chronic Disease Nursing Institute at Lemuel Shattuck Hospital, an Institute for Civil Defense Nursing Instructors, and the third conference in a series on Interpersonal Relations in School Nursing.

Greater cooperation has prevailed between the Nursing Sections of the Department of Public Health and the Department of Mental Health in providing needed knowledge about mental hospital facilities and the care provided by them.

Arrangements were made for 44 nursing students (baccalaureate and master) to be placed for field instruction and observation at Barnstable County Health Department, Cambridge Health Department, Nashoba Associated Boards of Health, Northeastern District Health Office, Quincy Health Department, and in specialties of the Department's hospitals.

An increasing number of requests have been received from local communities for the Department's nurses to provide nursing consultation and guidance to public health nurses and their employing agencies.

Nutrition Section

Several new undertakings were started and a number of others were enlarged or improved this year. In Pittsfield the first community food habit survey attempted by any Massachusetts city was instituted. Hundreds of people in many walks of life, from third graders to senior citizens, recorded all foods eaten in a twenty-four hour period. Findings have been presented and plans made for continuing nutrition education and follow-up. It is hoped that community interest and cooperation will continue and that a progress report may be presented in 1961.

Two meetings for Department staff were held on nutrition topics of common interest. One resulted in the production of a periodic "Nutrition Newsletter" for public health nurses, attention being focused on new knowledge of metabolic errors in infants. As a result of a meeting of nurses, hospital inspectors, physical therapists and social workers on the subject of Nutrition in Rehabilitation a new leaflet entitled "Feeding the Patient Who is Unable to Feed Himself" is being prepared for families, nursing homes and hospitals facing this problem.

Increased emphasis was placed this year on improved meals and food services in institutions of all kinds, including nursing and rest homes, small hospitals and children's homes. This was accomplished through meetings for food service directors, proprietors and cooks, by personal visits, and preparation of needed education materials.

Nutrition education activities in schools included food habit surveys of large numbers of school children. From the sixth grade up, inadequate breakfasts are an increasing problem, and the intake of foods rich in Vitamin A and C needs to be increased.

Social Work Section

The staff of this Section has continued to provide direct social services in clinical programs of the Department and consultation services to personnel in local health and social agencies who are working directly with families having related health and social problems. In addition to providing these direct and

consultation services, the staff has been active in community planning in the area of health and social welfare by participating in Health and Welfare Councils and in programs of voluntary organizations.

Major emphasis continued to be in the field of maternal and child health, including crippled children. However, as an increasing number of communities are organizing services for the aging and the chronically ill, the Department's social workers are increasing their activities in this field. Many requests are received from a variety of sources for advice and assistance in planning home or institutional care for adults with chronic illnesses. The physically handicapped individual with good psychological and physical residual fares quite well in Massachusetts; there are ample rehabilitation resources for and interest in such patients. For the severely disabled individual, however, the situation is quite different; most communities, institutions and nursing homes have little to offer these individuals.

Civil Defense

During the fiscal year four Civil Defense Emergency Hospitals were added to those now in storage under the Prepositioning Program of Office of Civil and Defense Mobilization. These hospitals have been located in Merrimac, Georgetown, Sudbury and Sharon. The Commonwealth now has on hand 59 of these hospitals, seven of which are owned by the Commonwealth (subject to certain Federal restriction), having been obtained under the matching funds program.

There have been no additions to the medical stockpiles which are deplorably scant in view of the present international picture. Additional supplies are needed to meet the threat of thermonuclear warfare where casualty lists would run into hundreds of thousands within the Commonwealth. However, the Massachusetts Civil Defense Agency hopes that it will not be necessary to face this contingency.

Planning for disaster medical care demands careful attention; one natural disaster alone could create problems as great as a devastating disease of epidemic proportions. Many people pay too little attention to civil defense which is now an essential part of government, and on which the very life of an individual may depend. Civil defense is intended to encourage and not discourage; in the Medical Service civil defense is really disaster medical care tailored to fit a community, tailored to mutual aid if another community should be hit, and tailored to out-of-state aid.

The training programs of the Medical Service in the past year have been in general successful but public participation in our training program should be increased. It is desirable for every person to have first aid and home nursing training; the value of this has been demonstrated time and again in disasters, and local boards of health are urged to advance these programs.



Division of Maternal and Child Health

During the year emphasis has been on further reducing maternal, fetal and infant mortality and morbidity through providing more adequate prenatal care to women with histories of complications of pregnancy; hospitalization or appropriate care at home at any time during pregnancy for women with complications; consultations from specialists for all pregnant women when needed; hospital care for small premature infants and for infants needing specialized care in units meeting the standards of the Department; and extension of home care programs.

The organization of classes for expectant parents has been stimulated and nurses have been trained in the conduct of such classes. Statistics show that 63 per cent of the maternity hospitals and visiting nurse associations have never conducted such classes, 14 per cent have discontinued them, and only 20 per cent still conduct them. The main reasons given for discontinuance of the classes were lack of interest on the part of parents and lack of personnel to conduct them.

The Maternal Mortality Study in cooperation with the Massachusetts Medical Society completed its sixth year. Plans are being made to distribute a report of the results of the study as a basis for standards for maternity care.

Since the birth weight is now reported on the birth certificate in Massachusetts it is possible to obtain information on birth weight for all neonatal deaths by matching the death certificate with the birth certificate. A study was begun on all neonatal deaths for 1958; this is the first neonatal mortality study undertaken by the Department.

Prematurity has continued to be the most important cause of death in the neonatal period. The Division of Maternal and Child Health has an active program in an attempt to reduce this mortality. Financial aid for hospital care was given for 109 premature infants.

A survey of child health services provided by local boards of health showed that approximately 50,000 children in Massachusetts attended Well Child Conferences.

As a part of the Child Growth and Development Program, 229 hard-of-hearing and deaf children received hearing aids. The nine rehabilitation centers for preschool hard-of-hearing and deaf children continued to operate at capacity.

Services for Crippled Children. During the year 4,667 children received care under this program. There were 1,160 new cases admitted to services, as follows: 718 orthopedic cases, 68 plastic surgery cases, 69 seizure cases, 67 chronic disease cases, 166 cardiac clinic cases, and 72 admitted for cardiac surgery. Since the beginning of this program in 1936, 18,323 children have received care.

The 12 orthopedic clinics held 196 sessions in the year; a total of 2,830 children made 5,149 visits to these clinics. These clinics are located in Brockton, Fall River, Gardner, Greenfield, Haverhill, Hyannis, Lowell, Lynn, Pittsfield, Salem, Springfield and Worcester.

Cardiac clinics were held weekly in Fitchburg and North Reading; at 93 clinic sessions 452 children made 685 visits to these clinics.

Plastic surgery clinics were conducted semi-monthly at Mount Auburn Hospital, Cambridge, and monthly at Mercy Hospital in Springfield. A total of 380 children made 586 visits to these clinics during the year.

During the year 606 orthopedic, plastic, cardiac, seizure and chronic disease cases were admitted to hospitals, including Lakeville and North Reading State Sanatoria. Under the chronic disease program 231 children received clinic care, 48 children hospital care, and drugs were supplied to 265 children.

The Division of Maternal and Child Health continued to give financial help to the Poison Information Center which has served a real purpose in the prevention of deaths from poisons in children. The Center gave consultation service to about 500 cases of poisoning each month.

BUREAU OF PREVENTIVE DISEASE CONTROL

Division of Cancer and Chronic Disease

Cancer Program. The statistical unit has continued to process not only the records of current admissions to the State-aided Cancer Clinics but the records of previously admitted cases. The plan has been to secure information on all treatments as well as other supplementary material on all of the earlier admissions and then to recode the data in accordance with the specifications of the End Results Evaluation Committee of the National Cancer Institute for those registries participating in the national evaluation of the end results of treatment for cancer.

The Tumor Diagnosis Service, which is a service offered to the physicians in the State for the diagnosis of surgical specimens and vaginal smears for medically indigent patients, increased by 11 in the calendar year 1959. The total number of surgical specimens was 15,337 and the vaginal specimens 51.

A new project has been initiated. Each year a series of statistical tables on the cases within each clinic will be prepared and sent to the chiefs of the cancer clinics. These tables will include the end results of treatment after five or more years as the data becomes available. Thus, the clinics will be aided in fulfilling a part of the minimum requirements for approval of registry and cancer clinical activities as defined by the American College of Surgeons. Initial tables for two clinics have already been prepared.

Geriatric Program. In 1960, in compliance with a directive of the Legislature with an appropriation of \$25,000 for a pilot study of geriatric home care programs in various parts of the State, three areas were selected: Pittsfield, Newton and Cambridge. The Department agreed to aid in the financing of these three geriatric programs and allocated about \$8,000 to each to be used in setting up a home care type program for the elderly citizens in the communities served by such a clinic.

All three programs got underway promptly and under the direction of the local health commissioners various committees were set up, coordinators were selected, and the facilities of each area were utilized in integrating this project to the best advantage for the needs of the elderly citizens. It is too early, at this time, to evaluate the study or to form any idea as to the best means of communication and service as portrayed by these three different home care programs.

A geriatric study by questionnaire in 1958-59 was coded. This study was composed mostly of people who were between 70 and 90; the youngest was 57, the oldest 94. Most were members of various groups, such as Golden Age Clubs, and, as expected, there were more women than men. Almost 90 per cent of those sampled



came from the four counties of Hampden, Berkshire, Suffolk and Worcester. Over 90 per cent had experienced some kind of formal education. Most were widowed, although 35 per cent had mates still living. Less than 10 per cent were employed and it was particularly interesting to note that about 50 per cent received less than \$100 per month as income from all sources.

Concerning the desire of these individuals for better health services, the well oldster clinic, the most frequently mentioned item, was desired by 89 per cent, while 88 per cent would like an annual medical check-up, and 86 per cent favor a central rehabilitation center. Since nearly half of these questionnaires were filled out by the respondents in their homes rather than as the result of personal interviews, it is probable that their ideas concerning the scope of some of the services were nebulous. For example, only 48 per cent were interested in nursing assistance but 77 per cent favored expansion of visiting nurse services.

Cardiac Program. The eight cardiac clinics which are state-aided continued to expand and a request has been received for the reactivation of the clinic at the Lowell General Hospital. It is planned to obtain data from these clinics similar to that received from the cancer clinics and, in addition, data in the field of rehabilitation and work classification in order that a reservoir of information will be available for studies in this field.

A chronic disease registry has been started at the Lemuel Shattuck Hospital. The records from that facility have been made available to the Division of Cancer and Chronic Diseases for such study as may be indicated, and the material will be collected on a continuing basis for a period of years.

Division of Communicable Diseases

Not mentioned in last year's annual report was an outbreak of salmonellosis which occurred in a mental institution. Work toward preparing a paper (soon to be published in the New England Journal of Medicine) was still in progress at this time a year ago. This rather sharp outbreak, involving 104 cases with six deaths, was the third such mishap to occur at this institution within a period of two years.

An intensive epidemiological investigation was carried out. It was observed that eggnog, although not included on the menu, was being used as a dietary supplement. This was definitely established as the vehicle in the outbreak. The investigation was then carried to the flock from which the eggs were taken. The Salmonella typhimurium recovered from both patients and from hens and eggs was shown to be of the same phage type. One obvious recommendation for control of such outbreaks given at the time was that eggnog should not be used as a dietary supplement unless it has been pasteurized.

One hundred and fifty-seven cases of poliomyelitis, including 137 which were paralytic, were reported in Massachusetts during 1959. This was our largest number of cases since the killed-virus vaccine became generally available. It was also the largest concentration of cases due to Type III virus in the nation during the year. Ninety-six per cent of the polio virus isolations in this State were Type III, whereas the over-all figure for the United States for this type of the virus was only 9.5 per cent. An additional feature was that a high percentage (47 per cent) of the cases gave a history of having been given three or more doses of killed-virus vaccine. This is compared with a corresponding figure of 17 per cent for the country as a whole.

Cases were not especially concentrated in any area, nor did the virus show preference for any racial or socioeconomic group. Studies now in progress in the laboratory are aimed at determining possible antigenic variation between the Type III virus strain involved in these cases and that incorporated into the killed-virus vaccine.

A few minor outbreaks of influenza came to the attention of the Division during the early months of 1960. From one of these and from some sporadic cases the Asian strain (so-called) of Influenza A virus was isolated. The absenteeism of industrial workers throughout the winter months was quite unremarkable, at least as detected by our survey. School absenteeism generally was under 10 per cent. At times it was above this figure. Usually, however, such increases were explained in large part by bad weather or by the undue prevalence in the community of other illnesses such as german measles, measles, etc.

Earlier in the year recommendations concerning the prevention of influenza were given to the general public through news releases. They were essentially those given in non-epidemic years and stressed mainly the advisability of administering polyvalent vaccine to key groups such as policemen, firemen, nurses, etc.

The eastern encephalitis study was continued. Again personnel were provided to cooperate with the Field Laboratory of the United States Public Health Service in Taunton. No human or equine cases of the disease were reported. The only clear-cut evidence of virus activity in the State was an outbreak of the disease among pheasants in Dracut. Virus was recovered from this flock.

Evidence of previous infection (presence of antibodies) was obtained by examination of the blood from six birds and one cottontail rabbit. Completed laboratory tests on bloods collected during 1958 revealed antibodies in two species of bats. Another legislative report was printed by the General Court and authorization for continuance of the study was granted.

During the calendar year of 1959 there were 60,568 cases of communicable diseases reported to this Department. This represented a substantial decrease from the figure of 104,916 for 1958. Most

of the decrease was due to a drop off in cases of german measles, measles and mumps. However, cyclic declines in incidence are an integral feature of these diseases. Thus in the absence of an effective long-range and generally adopted immunizing agent against these diseases, such declines, even though marked, should not be given undue significance.

A sharp rise was noted in the figure for bacillary dysentery, with 568 and 133 cases being reported in 1959 and 1958 respectively. Four hundred and eighteen of these cases were in Boston residents, with most of the remainder being from the metropolitan area. No common vehicle like milk or water was incriminated. Person to person contact was considered to be all important here.

Record low levels in the State's history were established when only two cases of diphtheria and seven cases of typhoid fever were reported.

As already mentioned, there were 157 cases of poliomyelitis reported. This compares with a figure of 29 for 1958.

Division of Venereal Diseases

Syphilis continued its upward path in step-like fashion. The beginning increase was noted in 1951 and has continued up to the present time. The annual increase has been small but in the past ten years the total number of cases has doubled. For the year 1959 total syphilis increased by 8.9 per cent. Primary and secondary syphilis increased by 1.1 per cent; early latent syphilis decreased by 3.9 per cent, resulting in a decrease in infectious syphilis--primary, secondary, and early latent states--of 9.1 per cent. Late latent and late syphilis increased by 16.8 per cent, and reported congenital syphilis decreased by 3.9 per cent. Gonorrhea increased by 0.4 per cent.

Our records clearly indicate that organized and commercialized prostitution is not a major factor in our venereal disease problem since prostitutes were named as sex partners by 3.4 per cent of military patients and by 6.1 per cent of civilian male patients.

Our biggest source of venereal disease has been the pickup. Most of the patients with gonorrhea were single but most of the patients with syphilis were married. While the pickup remains as the biggest source of venereal disease, places of pickup are centered primarily around taverns, bars and restaurants. The home, hotels and automobiles in that descending order of frequency are the places of exposure.

The Division still continues the follow-up of all selectees discovered to have a positive blood test for syphilis or other evidence of venereal disease. These patients may be examined by their private physician or the nearest State Cooperating Venereal Disease Clinic. These reports are evaluated and sent to the



Induction Board. Similarly, the Division receives reports from the military of men separated from the Armed Forces who need follow-up for these diseases.

Based on the successful experience of the past eight years, the interviewing of military patients in Massachusetts and their contacts has continued. This work is in addition to our contact investigation activities of all contacts of military patients in Massachusetts.

In the State Cooperating Venereal Disease Clinics 3,247 patients were examined; these represented a total of 23,819 clinic visits.

Plans for extending reciprocity arrangements insofar as the premarital examination law is concerned continue. At the present time out of the forty-three states which have such laws, Massachusetts will accept the certificates of thirty-eight. In return, twenty-three states have agreed to accept our premarital certificates when properly completed.

The Department has a very active training program, summarized as follows:

1. Lectures	Total 428 hours
<u>Venereal Diseases</u>	
a. Professional groups	391 hours
b. Non-professional groups	8 hours
Total	399 hours
<u>Social Hygiene</u>	
a. Professional groups	20 Hours
b. Non-professional groups	9 hours
Total	29 hours

Two courses in venereal diseases were given to physicians, one at the Boston City Hospital and the second at the Massachusetts General Hospital.

- 2. Orientation - Two individuals were given orientation training
- 3. Observation - Seventeen individuals were given observation training
- 4. Training - Eight individuals were given training instructions in venereal disease control.

In addition to the preventive and control activities, the Division is currently engaged in the following applied research studies:

- 1. Prenatal Syphilis Study Program
- 2. Serologic Study
- 3. Military Interviewing Program
- 4. Treponema Pallidum Immobilization Test Study
- 5. Reiter Protein Complement Fixation Test Study

6. Evaluation of the Sensivity of Gonorrhea to Penicillin
7. Cardiovascular Syphilis Study
8. Evaluation of Nursing Experience
9. Long-term Follow-up of Chronic Biologic False Positive Reactors.

Division of Dental Health

Preventive Services. For nine years this Division has followed closely the prevalence of tooth decay in school children in communities where the water supply has been fluoridated. The findings now leave no possibility of doubt but that the fluoridation of water supplies will continue to suppress this common disease of man by as much as two-thirds. The findings in Massachusetts are strikingly similar to the findings on this subject in other states in the United States. Several of the 24 communities now fluoridating in Massachusetts have offered this preventive procedure long enough to see in their younger school-age children its full benefits. State statute requires that cities and towns ascertain the will of the voters on this health measure before instituting it as a protective device; therefore, the Division of Dental Health has been placed in the role of a consultive resource for public questions on this subject.

Communities presently fluoridating their water supplies rely upon the Department for objective measurements of the yearly prevalence of dental caries in their school-age population. Statistical summaries of the findings were released to local boards of health and school health services for their information and evaluation.

Because of the demonstrated results with fluoridation in Massachusetts, attention has begun to focus on other methods of supplementing the childhood diet with fluorides where public water supplies do not exist. It is estimated that 25 per cent of the dentists of Massachusetts are now prescribing fluoride pills or drops as a supplement to the diet of their young patients. Many physicians are doing the same to the extent that this is becoming common practice. No measurements, however, are available of the potential public health effect of the procedure.

The use of fluoride solutions applied directly to the teeth of children has continued in several communities but this approach with present techniques continues to present problems of time, personnel and money.

Diagnostic Services. Our school health programs have as a basic objective the development of attitudes of the citizens of the community to understand better the susceptibility of school-age children to oral diseases, with emphasis placed on the necessity of the prevention of these diseases. Interpreting local needs, reviewing local programs and operating screening and referral devices form an important part of the Department's activity. Consultant services were given to the larger local dental programs and direct service was furnished to the smaller communities whose local resources cannot supply trained personnel.

Corrective Services. Public treatment facilities for the school-age child are commonly available in the communities of Massachusetts. Specialized treatment and rehabilitation facilities for the child with dento-facial deformities of a crippling nature are available. Through the coordinated efforts of this Department, the U. S. Children's Bureau and the New England Medical Center, 59 cases of this type were treated at the Center this year.

Training. Two major efforts were made by the Division to provide opportunities for professional improvement of dental personnel working at the local level of cities and towns in Massachusetts. During the year, 29 public health dentists from local community staffs completed a year's course of postgraduate dental public health training at the Harvard School of Dental Medicine. Fifty-one public health dental hygienists completed a training course designed by the Division and held at the Forsyth Dental Infirmary for Children.

Research and Study Projects. A major clinic research effort has been made in the field of dental caries prevention. Utilizing new information on the role of phosphates in dental tissue structure, a significantly large group of children has been treated this year and will be observed for some time to come. Working with the Research Department of Forsyth Infirmary for Children, the Department hopes to develop a preventive tool suitable for private dentists and public clinic use.

Studies have been made in fluoridating areas of dental caries in the deciduous dentition of pre-school children. These observations suggest that the pre-natal influence of dietary fluorides is greater than was first believed and further suggests other avenues of approach for dietary intake of fluorides for the control of tooth decay in the very young.

Radiation Control. A major effort to control radiation from dental sources in Massachusetts is under way. This cooperative, voluntary and educational program with the Massachusetts Dental Society has produced a sizable reduction in radiation in this, its second year of operation. It is now felt that one-third of the dental x-ray machines in Massachusetts are being operated well within full compliance with suggestions made by the National Committee on Radiation Protection and Measurements. The number of dentists unduly exposed to radiation as an occupational hazard has been sharply reduced.

Research in this field has been directed to two important and interesting objectives. It is felt that the testing of commercially available machines and available x-ray films has contributed to a better understanding by the profession of the possibilities of improved diagnosis. In cooperation with the Cancer Research Institute of the Deaconess Hospital the Department has started a long-range study of the longevity of dentists and their causes of death in relation to their unusual middle-range levels of radiation exposure coming from their routine use of x-ray machines. The



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implications of this study are great for the results may help to identify threshold tolerance levels for man--an exceedingly important question in this era of the rapidly expanding use of the atom.

Division of Alcoholism

The concept of alcoholism as an illness susceptible to measures of control like other diseases is a fairly recent development. Concerted action is required to fight an illness which strikes five million people in the United States, of which an estimated 200,000 live in Massachusetts. With the passage of Chapter 418 in July, 1959, the office of the former commissioner on alcoholism was transferred to the Department of Public Health and merged with the Division of Alcoholism, thus consolidating the Commonwealth's programs in this field.

With the opening of a clinic at Boston City Hospital in January, 1960 the Department now has fifteen cooperating alcoholism clinics located in the out-patient departments of the following hospitals:

Peter Bent Brigham Hospital, Boston
Boston City Hospital, Boston
Brockton Hospital, Brockton
Burbank Hospital, Fitchburg
Cambridge City Hospital, Cambridge
Lawrence General Hospital, Lawrence
Lowell General Hospital, Lowell
Massachusetts General Hospital, Boston
New England Hospital, Roxbury
Pittsfield General Hospital, Pittsfield
Quincy Hospital, Quincy
St. Luke's Hospital, New Bedford
St. Vincent Hospital, Worcester
Springfield Municipal Hospital, Springfield
Washingtonian Hospital, Jamaica Plain.

From July, 1959 through June, 1960 these clinics admitted a total of 1,866 cases; of these 1,576 were new cases and 290 were readmissions. The total number of cases carried at the end of the fiscal year was 3,604.

While effective with persons who still retain family and job ties, clinic treatment has not provided a satisfactory solution to problems presented by homeless, indigent alcoholics. To provide treatment for this group, "half-way" houses to supply therapeutic environment for limited periods of time to allow alcoholics to find a job and develop a new pattern of living have been devised in some states and it is hoped that Massachusetts may be able to develop such a program in the near future.

The Department has launched an educational program to inform the public and professional groups of special diagnostic and treatment resources to aid alcoholics and their families.

Special emphasis has been placed on research since knowledge about alcoholism is still largely based on assumption rather than scientific fact; the causes of alcoholism are not fully understood and treatment techniques need revision. An investigation was made of 120 consecutive admissions to Massachusetts Correctional Institution at Bridgewater; this showed that although 40 per cent of the men had committed serious criminal acts in their lifetime only 17 per cent could now be considered as still potentially serious criminals. Information from the study has made it possible for the staff at Bridgewater to discriminate between inmates and to offer a less restrictive and more therapeutic program.

A study of 100 consecutive admissions to Massachusetts Correctional Institution at Framingham revealed that while only 48 per cent of the admissions are for drunkenness, another 25 per cent committed on other charges are, in fact, alcoholics, so that this has become primarily an institution for the care and treatment of alcoholics.

Research activities have been conducted in cooperation with the Peter Bent Brigham Hospital Alcoholism Clinic in studying the drinking patterns, attitudes toward alcohol, and family history in relation to drinking among the children and adolescents committed to the Youth Service Board. Other clinics are experimenting with new treatment techniques, utilizing drugs or applying new psychiatric and social case-work theories.



47.

BUREAU OF HOSPITAL FACILITIES

Division of Hospital Facilities - Licensing Section

The overall purpose of the inspection and licensing program of the Department is to provide adequate standards of care in all licensed facilities. As of June 30, 1960 there were 192 hospitals and sanatoria with 26,354 beds licensed by the Department. This includes five new hospitals classed as school or college infirmaries, one chronic disease hospital and one general and chronic disease hospital licensed for the first time this year and providing 175 beds.

Higher standards in hospital schools of nursing resulted in the closing of two nursing schools. The lack of qualified nursing personnel continued but the higher standards will improve the calibre of nurses graduated by the average professional school. Two schools of nursing have received Federal assistance under the Hill-Burton program and it is expected that the additions provided will make it possible to enroll at least one hundred additional student nurses.

The Department's hospital inspectional staff has been available when outbreaks of staphylococcus or streptococcal infection occur; during this year an incidence of boric acid poisoning resulted in three infant deaths.

During the year 79 clinics and dispensaries were licensed.

On June 30, 1960 the State had a total of 688 licensed convalescent or nursing homes with a total of 19,165 beds. These figures represent an increase of 67 homes and 2,586 beds added this year.

In cooperation with the Massachusetts League of Nursing and the Public Health Service the Department has undertaken a survey of nursing needs and resources in Massachusetts. Data was collected on the number of nursing homes, availability of skilled nursing care, occupancy rate, service area and economic condition. To obtain information on nursing homes a questionnaire was sent to all licensed homes and 90 per cent responded; study of the replies re-emphasizes the need for additional professional nurses throughout the State.

As of June 30, 1960 there were 512 licensed rest homes in the State with a total of 8,276 beds. These figures represent a decrease of 38 homes and 444 beds. This decrease may be due in part to the recent increased rate of reimbursement in nursing homes which was not granted to rest homes. This may also account for the improvements in physical plants operated as nursing homes; such improvements have not been made in rest homes.

Other medical care facilities licensed by the Department include 32 city or town infirmaries with 1,872 beds. Fourteen public medical institutions were approved.

Hospital Survey and Construction Section

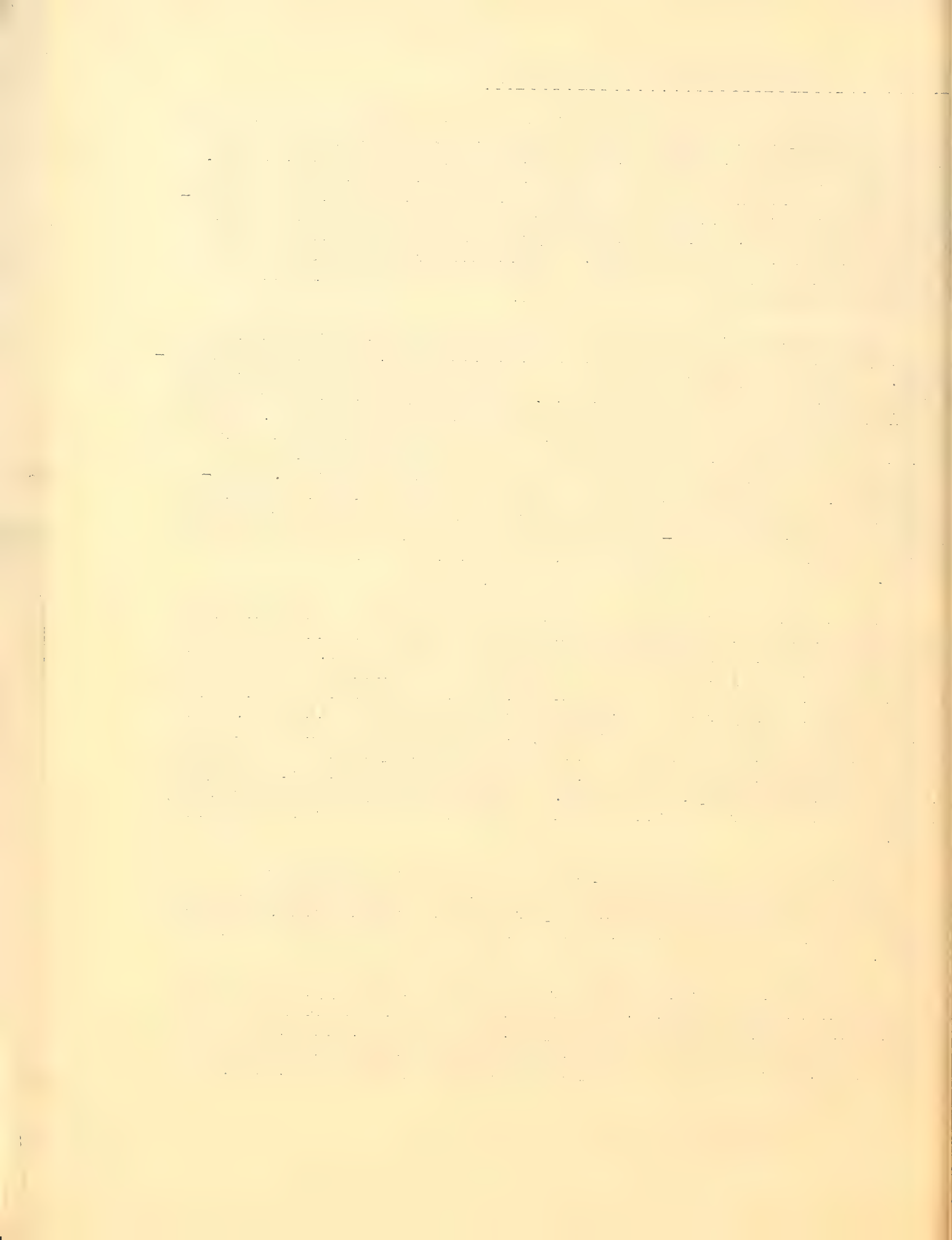
Since 1947 a total of 112 projects have received Federal aid under the Hospital Survey and Construction Program (Public Law 725) in the Commonwealth, amounting to \$27,718,748 in Federal funds. In 1955, with the enactment of Public Law 482, additional funds were made available for the construction of diagnostic and treatment centers, rehabilitation centers, chronic disease hospitals, and nursing homes. Since then 24 projects have received a total of \$2,932,701 in Federal funds. As in the previous years, the maximum grant for any one project was \$300,000 under Public Law 725 and \$50,000 under Public Law 482.

The demand for additional Federal funds both for additions and replacement of unacceptable facilities continued without abatement. It would appear that the need for Federal funds under this program will continue indefinitely. Many hospitals have received an initial grant and are making plans for a second grant. However, there are still a few almost completely unacceptable facilities which have not received aid and efforts are being continued to stimulate these hospitals to undertake building programs. Notwithstanding the fact that some 7,000 acute and chronic hospital beds have been built under the Federal construction program since 1948, the number of non-acceptable beds is still high due to the large number of substandard hospital buildings throughout the State.

In planning for general hospital construction, Massachusetts has been divided into 68 hospital service areas of which 4 are base areas, 46 intermediate areas and 18 rural areas. A base area ($4\frac{1}{2}$ beds per 1000) is an area containing a teaching hospital or a hospital which serves as a base hospital in a coordinated hospital system and is prepared to provide for every type of illness. An intermediate area (4 beds per 1000) is an area of at least 25,000 population which contains or will contain a hospital of 100 beds or more, and which would be suitable for use as a district hospital in a coordinated hospital system. A rural area ($2\frac{1}{2}$ beds per 1000) is any area no part of which is included in a base or intermediate area.

Of the 6,431 general hospital beds constructed under the program since 1948, 58 per cent were built in intermediate areas, 33 per cent in base areas, and 9 per cent in rural areas. Under projects approved in this fiscal year a total of 343 beds will be added.

To date five nursing home projects have been approved. Three of these have been completed, one being an addition to an existing nursing home which doubled its capacity, one a nursing home to be operated in close cooperation with a general hospital, and the third a new nursing home to replace an unacceptable facility.



BUREAU OF TUBERCULOSIS AND INSTITUTIONS

Division of Sanatoria and Institutions

The fiscal year ending June 30, 1960 was a significant year of self-survey, evaluation and appraisal of the tuberculosis control problem in the Commonwealth of Massachusetts. Efforts are being made to coordinate the various aspects of a tuberculosis control study. The study is composed of three parts -

(1) statistical and financial, relating to two phases of the problem, hospitalization and control in the community; (2) epidemiological, organizational and social, including attitudes of various groups towards official and unofficial policies at state, county and city levels of government; (3) legislative, including revision of the laws pertaining to tuberculosis control and formulation of a set of standards for hospital treatment and out-patient care. A general advisory committee of state and local authorities has been formed to guide this study.

Various meetings have been held by this Division in the different areas of the state to fully acquaint local official and non-official agencies with the changing tuberculosis problem and the necessity of an improved tuberculosis control program. Plans for a more efficient and effective tuberculosis control program are being submitted by the superintendents of the county sanatoria, the Metropolitan Boston Health Officers Association, the Massachusetts Department of Public Health, and the Massachusetts Public Health Association. These various plans will form the basis for a final proposal to be introduced at the next session of the General Court.

The tentative proposed plan of the Massachusetts Department of Public Health is flexible and subject to change. It may possibly include shared financial responsibility between city and state. Cities would probably contract with the state for the care of their patients. A central administration policy is needed with a system of regional hospitals and out-patient clinic facilities; this would permit the state to close sanatoria not needed. A home care program needs to be developed, especially for children. Extensive drug therapy with free drugs should be administered by the state with a close follow-up of the patients. A centralization of case-finding activities is necessary for improved follow-up of patients. The voluntary agencies should be closely connected with the state plan so that they may promote the eventual tuberculosis control program.

An important initial step in the regionalization of service has been accomplished in Berkshire County. This county has contracted with the state for the hospitalization of its tuberculosis patients at the Westfield State Sanatorium. The contract provides for local out-patient clinic services to county residents in a

50.

local health department. The clinic will function as the center of tuberculosis control for the entire county. A county public health nurse assigned to the staff will handle follow-up of cases in the county and render service to rural communities. This type of contract, including provisions for complete out-patient services, will be incorporated in future contracts.

An out-patient clinic for upper respiratory disorders has been proposed for the Eastern section of the state, financed by and under the jurisdiction of this Department. This clinic will be primarily concerned with tuberculosis but would serve also as a diagnostic facility for chronic respiratory disease problems for local physicians. If this type of clinic is successful, it is hoped that similar clinics could be established throughout the state, as chronic respiratory problems are of increasing importance due to the older age population.

At the close of the fiscal year legislation is pending which would transfer the Boston Sanatorium from the city of Boston to the Commonwealth, thus giving the state a sanatorium in the Metropolitan Boston area where 64 per cent of all new cases of tuberculosis reside. Greater efficiency in the operation of the state program would result; a higher medical standard could be maintained and great financial savings would accrue to the state by concentrating all state cases of tuberculosis in one hospital.

This Division actively assisted the Director of the Boston Sanatorium in establishment of a Half-Way House for the tuberculous alcoholic. This is the only facility for this type of patient in the country. Experimental programs for solving the problem of the tuberculous alcoholic were established at state, county and municipal sanatoria. At the state sanatoria the Division's staff worked with nursing groups to change the former attitude and feelings toward the tuberculous alcoholic. Group therapy with patients in solving their alcoholic problems was started at a county institution.

The death rate for tuberculosis, all forms, for 1958 was 6.3 per hundred thousand based on 314 deaths. The death rate for tuberculosis, all forms, for 1959 will not be available until the end of 1960. There were 1,515 newly reported cases for 1959 with a case rate of 30.4 per hundred thousand. The number and case rate are identical with the year 1958. From January 1 to December 31, 1959, there were 576 admissions of problem drinkers to all sanatoria exclusive of Federal and mental hospitals; 513 were males and 63 were females. Among the males the greatest number of problem drinkers appear in the forty-five to fifty-nine year age group. Problem drinkers among the females appear in the thirty-five to thirty-nine year age group. Two hundred thirty-five alcoholics or suspected alcoholics were classified as newly reported cases of tuberculosis during 1959. This class of patient constitutes

51.
17 per cent of all newly reported cases of tuberculosis over the age of twenty. These figures were based on the alcoholic register where names of alcoholics or suspected alcoholics are obtained from admission reports of various sanatoria.

During the fiscal year 1959 to 1960, 82,611 people were Mantoux tuberculin tested. Of these, 1,982 were positive or twenty-four per cent. These figures include adults as well as school age children.

This Division cooperated with the United States Public Health Service in using PPD-s and the Battey antigen on a school and a community population. A combined test of PPD-s and Battey antigen was used on each person to indicate the prevalence of infection with atypical strains of tubercle bacilli and to determine the extent Battey reactions may be interfering with the interpretation of true reactors to tuberculin. Over 90 per cent of the school population participated and 2500 double tests were performed on people in the community.

In the tuberculosis case-finding program, 45,140 x-rays were taken during this period with concentration on penal institutions, mental hospitals, positive tuberculin reactors and their contacts in high incidence communities. The follow-up of x-ray findings revealed twenty-eight active cases of tuberculosis not previously known or under care.

Section 6 of Public Law 85-316 was extended by Congress on September 9, 1959 as Public Law 86-253. This law will expire on June 30, 1961. During the period of this report 164 people with pulmonary tuberculosis or suspected tuberculosis were admitted to Massachusetts and 256 with pulmonary fibrosis have been admitted.

Since the extension of Public Law 85-316 we have not had a great influx of patients from this source. The pulmonary fibrosis aliens have increased in this period. Aliens admitted under this law are closely supervised by this Division with periodic check-ups for a two-year period.

The x-ray program at the Rufus Dawes Memorial instituted by the Boston Tuberculosis Association was taken over by this Division during the year. During the year and a half this survey was under the auspices of the Tuberculosis Association a total of 1,281 x-rays were taken; 24 active cases were discovered among the number and placed under treatment. The program is designed to x-ray as many as possible of the men registered on a clinic evening. Since these are homeless men, the majority being skid row alcoholics, the expected yield of new cases will be high. This program will assist in compiling information in regard to the tuberculous alcoholic and the recalcitrant patient.

Since the passage of the recalcitrant law, 98 referrals have been made by local health authorities as possible recalcitrant

patients; 20 have been processed, and 8 have been committed to the Treatment Center. Many social and emotional problems have been observed in these recalcitrant patients referred to this Division. A new exhibit has been designed that explains the tuberculous alcoholic problem in Massachusetts. A new pamphlet entitled, "The Double Illness," has been distributed which explains the problems with the tuberculous alcoholic patient.

Lakeville State Sanatorium

The daily average patient population at this hospital was 200, which included 26 with tuberculosis, 7 poliomyelitis, 165 with crippling conditions, and 2 aging persons. The largest number of patients at any one time was 226, including 31 tuberculous, 10 poliomyelitis, 181 crippling conditions, and 3 aging persons.

There were 9,712 hospital days of treatment for tuberculous patients, or 1,789 less than last year; 2,868 days of treatment for poliomyelitis, or 875 less than last year; 60,412 days of treatment of crippling conditions, or 5,722 more than last year; and 565 days for aging persons, or 2,841 less than last year.

The various services of the Sanatorium were maintained more or less unchanged compared to the previous period. There was neither a marked increase nor a marked decrease in the admission or discharge rate. As anticipated, there was a further drop in tuberculous patients, 7 less being admitted than in the previous year. Six more polio patients were admitted and the number of admissions of patients with crippling conditions was about the same.

During the year plans were approved for the construction of a new hospital facility to replace the present hazardous buildings, and it is hoped construction will begin early next year.

North Reading State Sanatorium

There were 112 patients at this institution at the beginning of the year and 72 at the close.

There has been no change in the basic treatment of primary or reinfection type pulmonary tuberculosis in children. However, during the year more patients have been discharged under treatment than in previous years. These patients are discharged when assurance is given that medication will be continued as recommended by the specialist, that the patient will remain under close medical supervision during the critical years, and that the school physician is convinced that the discharged patient is non-infectious and able to mingle with other pupils even though under active chemotherapy.

Rutland State Sanatorium

At the beginning of the fiscal year this sanatorium had 169 tuberculosis patients and at the close of the year 152. The highest number at any one time was 185 and the lowest 147. The daily average number of tuberculosis patients was 168 (136 for males; 32 for females).

In the chronic disease section 29 patients were admitted and 16 discharged during the year. The daily average number of these patients was 19; the total hospital days was 1,256, with an average stay of 79 days. Should the present trend continue, it will probably be necessary to add another ward to the two already open for such patients. This prolonged illness program appears to be satisfactory to the patients and their relatives.

Westfield State Sanatorium

This Sanatorium celebrated its fiftieth year of service to western Massachusetts with appropriate exercises on June 15, 1960. Dr. Henry D. Chadwick, founder and first superintendent, was guest of honor.

The Sanatorium is composed of two parts: a tuberculosis service dating back to 1910 and a cancer service started in 1937. This year there were 146 admissions to the tuberculosis service as compared to 176 last year. The average stay this year was 225 days. There were 813 admissions to the cancer service, an increase of 96 over the previous year. The average stay was 16 days. There were 8 admissions to the new chronic disease service.

The cancer bed occupancy (64 per cent) shows the cumulative effect of the long held policy of not admitting patients for terminal nursing care. During the last half of the year this policy has been slowly eased in an attempt to give additional help to stricken families without denying a bed to any early and hopeful case. On the other hand, the tuberculosis occupancy (66 per cent) shows the general decline in incidence and the newer methods of treatment for this disease. With this decline in tuberculosis comes an increased demand for beds for other chronic diseases. The first chronic disease patient was admitted on January 15, 1960, with a diagnosis of non-tuberculous empyema. With the increase in chronic disease cases a physiotherapy unit must be equipped and staffed.

Pondville Hospital

There were 93 patients in the hospital on July 1, 1959. At the close of the year, June 30, 1960, there were 86. Of the 1,477 patients admitted during the year, 756 were new patients and 721 were readmissions. The smallest number of patients in the hospital on any one day was 69 and the largest number was 105. The average period of hospitalization was 23.1 days.

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The waiting list reached an all-time high of 102. It is recommended that funds be made available for adequate staffing and equipment for Ward A to provide bed space for approximately 30 additional patients. Even though it has been possible to reduce the period of hospitalization for cancer cases in recent years, the length of time required to admit patients from a waiting list as large as the present one is too long and some patients may lose their opportunity for cure through this long delay.

Lemuel Shattuck Hospital

There were no additional beds opened during this fiscal year but an internal rearrangement enabled the Hospital to make more effective use of beds available. The rearrangement resulted in the establishment of a nursing unit for the care of paraplegics and quadraplegics, particularly female patients. It also provided additional beds for the general surgical service and arrangements for an intensive care unit on the surgical service.

There were 1,662 admissions as compared to 1,591 the previous year. There were 115,024 patient days as compared to the previous 109,804. The daily average population was 314 patients as compared to 300 last year. Out-patient visits numbered 12,010 as compared with the previous 10,332.

With the recruiting of graduate nurses from England and Ireland plans for better evening and night coverage evolved and there is every indication that expansion will take place in the near future.

Massachusetts Hospital School

This is a school with hospital facilities for the care and education of the mentally competent, physically handicapped children of the Commonwealth, where education and convalescence proceed together.

During the fiscal year 30 boys and 23 girls were admitted to the School. In the same period 16 boys and 20 girls were discharged. The highest number of patients at any time was 154; the average daily census was 121. During the ten month academic year the School has been operating at about peak capacity as it can only accommodate 160 patients.

The waiting list increased to 28 during the past year, the boys' list extending back three years and the girls' one year. Delay in admission of these boys and girls is, in some cases, a catastrophe, but the situation cannot be changed without expansion of facilities.

The School's curriculum is made up of the usual subjects and its high school diploma is recognized by the Department of Education. There are vocational courses which train the handicapped child to take his place in the commercial life of the community. School was in session 184 days. In addition, bedside teaching was conducted at Bradford Infirmary to an average of 32 student-patients.

Tewksbury Hospital

Records show that 2,826 patients were cared for in this Hospital in this fiscal year; 1,938 males and 888 females. This is a little lower than last year's number. The highest daily census was 1,385 on February 25, 1960; the lowest 1,204 on October 14, 1959; the daily average was 1,285.

Much has been accomplished to make the buildings fire safe, such as adding fire escapes, new wiring, fire doors and establishing a Fire Watch to patrol the grounds every night. There is a great need for new fireproof buildings. Four obsolete buildings formerly used for the care of tuberculous patients, and which were a fire hazard, have been razed.

The work of the Dental Department, the Pathological Laboratory and the X-ray Department continued as usual. The Industrial Department produced and repaired many articles used in the house-keeping of the institution as well as the binding and printing of papers, forms and cards. The Occupational Therapy Department under the supervision of four therapists taught the patients to make rugs, woodworking, furniture refinishing, radio repair, etc.

BUREAU OF INSTITUTE OF LABORATORIES

Division of Biologic Laboratories

Distribution of products has continued high throughout the year. Although monthly records for 1929 are no longer available for confirmation, it is probable that the distribution of smallpox vaccine during May, 1960 has been exceeded only by May of 1929 during the smallpox outbreak in Middleboro. Liberalization of the age limitations for eligibility for free polio vaccine has added materially to the distribution load.

Distribution of both tetanus toxoid and antitoxin were at the highest level. Similarly, distribution of smallpox vaccine continued at a high level. For the third successive year the distribution of tuberculin has been at an all time high.

It is felt that the somewhat lower distribution of diphtheria, tetanus and pertussis combined antigen was due in part to the newly introduced quadruple antigens. For the second successive year there was a low distribution of typhoid vaccine.

A new test has been developed for more quickly determining diphtheria and tetanus antitoxin levels. This inexpensive test can be utilized in clinical medicine, public health surveys, and for selecting suitable blood for fractionation for the purpose of preparing tetanus immune globulin for use in persons highly sensitive to horse serum and who should be passively immunized. With the increasing distribution of tetanus toxoid such demands should become less in the future; in fact, several products in high distribution will actively immunize against tetanus. Improvements continued in the Laboratory's method of producing a highly potent tetanus toxoid in a state of high purity.

Some preliminary work was done in the development of a vaccine to protect against H. influenzae which can cause a meningitis with a high fatality rate in young children.

In the Blood Processing Laboratory in the work on normal serum albumin 3,214.99 liters of State-owned plasma were fractionated. Dried material equivalent to 2,955 100 cc. vials was produced during the year. Although dried material equivalent to 41,314 2 cc. vials of immune serum globulin was produced, distribution supplies were exhausted several times during the year and some globulin was purchased. Efforts have been made to restrict the distribution of this expensive material to measles and hepatitis prophylaxis. There is continued interest in fibrinogen-free low globulin plasma, and 199 500 cc. units were produced this year.

Diagnostic Laboratory

This Laboratory performed tests on a total of 50,642 specimens in the Bacteriology Section and 4,703 in the Virology Section, making

a grand total of 55,345 specimens. This constitutes an increase of 20 per cent over the previous year, which itself showed an increase of 10 per cent over the year before.

There has been a continual increase in throat cultures, as a result of which it was necessary to have private physicians send much of their diagnostic streptococcus throat culture work to local, chiefly hospital, laboratories. If the fluorescent-antibody technique for which the Laboratory has been making arrangements proves as efficient and valuable for prompt diagnosis as has been predicted, the Laboratory may find itself called upon to swell its activities again in the streptococcal throat culture field.

The number of certificates issued in the voluntary laboratory approval program has continued to increase. This year 243 laboratories have been awarded certificates; this is an increase of 7 over the previous year and of 143 over 1946 when the program was started.

The number of laboratories approved for standard serological tests for syphilis has gradually increased from 23 in 1946 to 60 this year. A list of these laboratories is published each year in the New England Journal of Medicine since premarital and prenatal tests must by law be performed in approved laboratories.

Wassermann Laboratory. During the calendar year 1959 this Laboratory performed 484,674 tests, an increase of 16,069 over the previous year. A total of 49,405 specimens were tested for premarital purposes and 37,847 for prenatal purposes.

The intrastate evaluation of serologic tests for syphilis was conducted for 132 laboratories; 69 of these applied for approval to perform tests for blood donor purposes and 63 for approval of standard tests.

The Laboratory continued participation in the National Evaluation of Serologic Tests for Syphilis conducted by the Public Health Service. Qualitative and quantitative Hinton tests were performed on 200 matched samples of serum. In this evaluation the Laboratory obtained an excellent rating for sensitivity, specificity and reproducibility of tests.

The study in cooperation with the Division of Venereal Diseases on the use of the Reiter Protein Complement Fixation Test on specimens from patients who present diagnostic problems due to positive reagin tests was continued; this year 1,450 tests were performed in this study.

709 tests were performed on the 255 specimens that were examined for rabies. Six bats were examined this year. All of these specimens were found to be non-rabid.

BUREAU OF ENVIRONMENTAL SANITATION

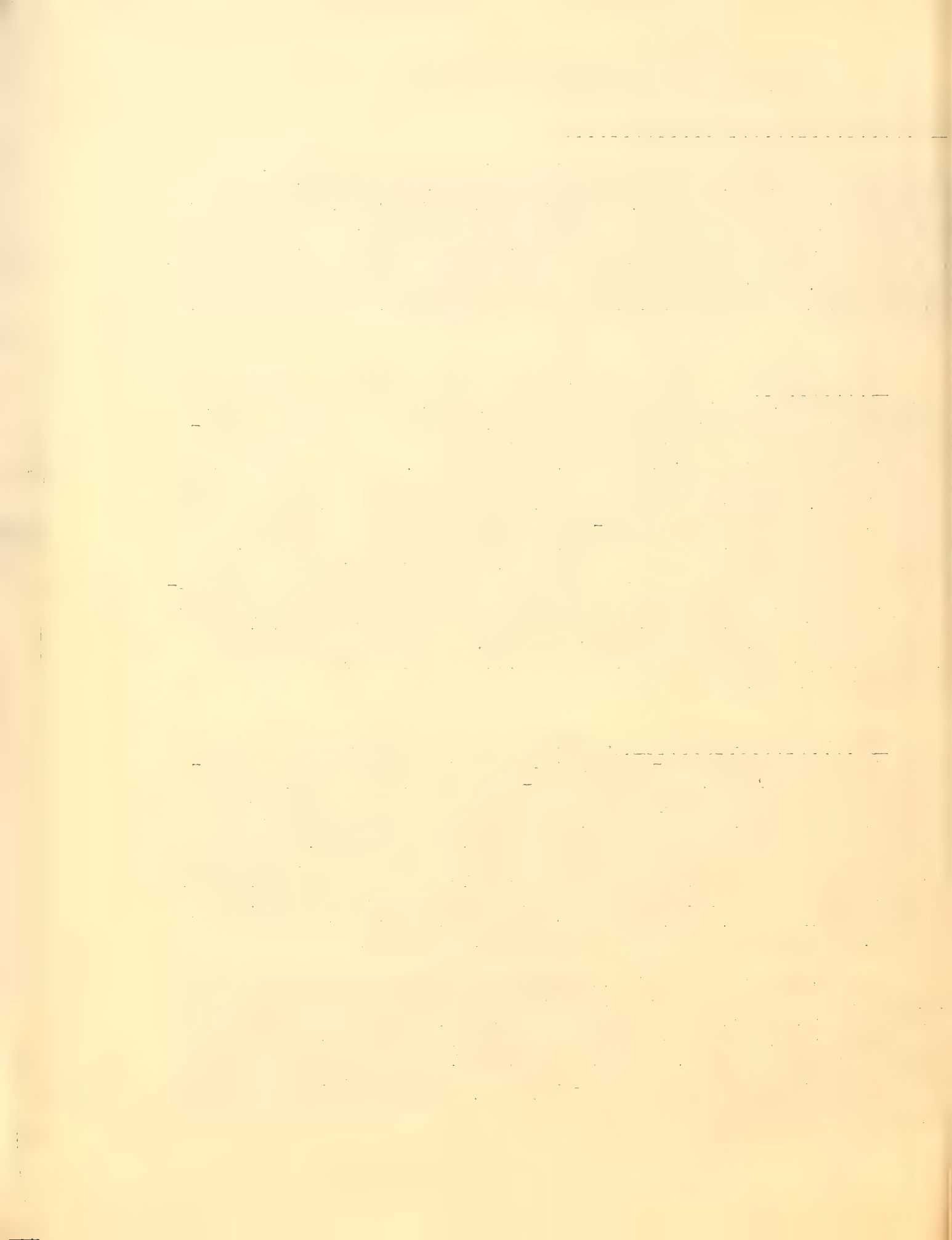
Division of Sanitary Engineering

As has been the case in every year since World War II, the work load of the Division has increased during the year in all four major activities, viz., water supply, water pollution control, air pollution and radiological health, and community sanitation. The increased work load was accompanied by a decrease in personnel due to the rigid Federal grants which make no allowances for salary adjustments. Personnel shortage will make it necessary to curtail the activities of the Division unless additional funds are provided as requested in the current budget.

Water Supply. Public water supply systems in Massachusetts serve about 98.5 per cent of the total population of the State. Although rainfall during the year was in excess of normal, population movement and increased industrial activity have created a larger demand for water in certain localities. As a result there has been considerable activity in water supply development by many communities. Fluoridation of public water supplies has continued with little change since 1958-1959. The program of sampling all public water supplies for bacterial examination and chemical analysis has been continued, as has the research project on the removal of color from water by coagulation and sedimentation without filtration. Nematodes and leeches have been found in several public water supplies. While they have no sanitary significance, they are not desirable in water systems. The cross connection inspection program was continued, utilizing the services of two engineers full time.

Water Pollution Control. During the first half of the year high runoff due to above-normal rainfall resulted in good conditions in our streams. However, sub-normal rainfall during June, 1960 caused rapid deterioration in stream quality and numerous complaints regarding stream pollution have been investigated. Routine sampling of streams at 242 sampling stations has been continued during the warm months of the year, and special sampling programs have been instituted where required by local conditions. Upon request, the Division has examined the waters at bathing places and has advised local boards of health or associations of the suitability of such places for public bathing.

As of January 1, 1960, 22 municipalities with a total sewered population of 316,000 were discharging raw sewage into inland or tidal waters. During the year 19 communities, assisted financially by grants received under Public Law 660, installed or enlarged sewage treatment works. Routine examinations were made of sewage and industrial waste treatment plants, and short training courses for sewage treatment plant operators were conducted in the sanitary engineering districts.



Plans for small semi-public sewage treatment plants were reviewed and recommendations made or approval given in 225 instances. The number of requests for examinations of this type has increased due to the migration of population from sewerred urban areas to suburbs which frequently have no sewerage system. The Division is cooperating in a research project on the efficiency and operation of complete aeration activated sludge plants.

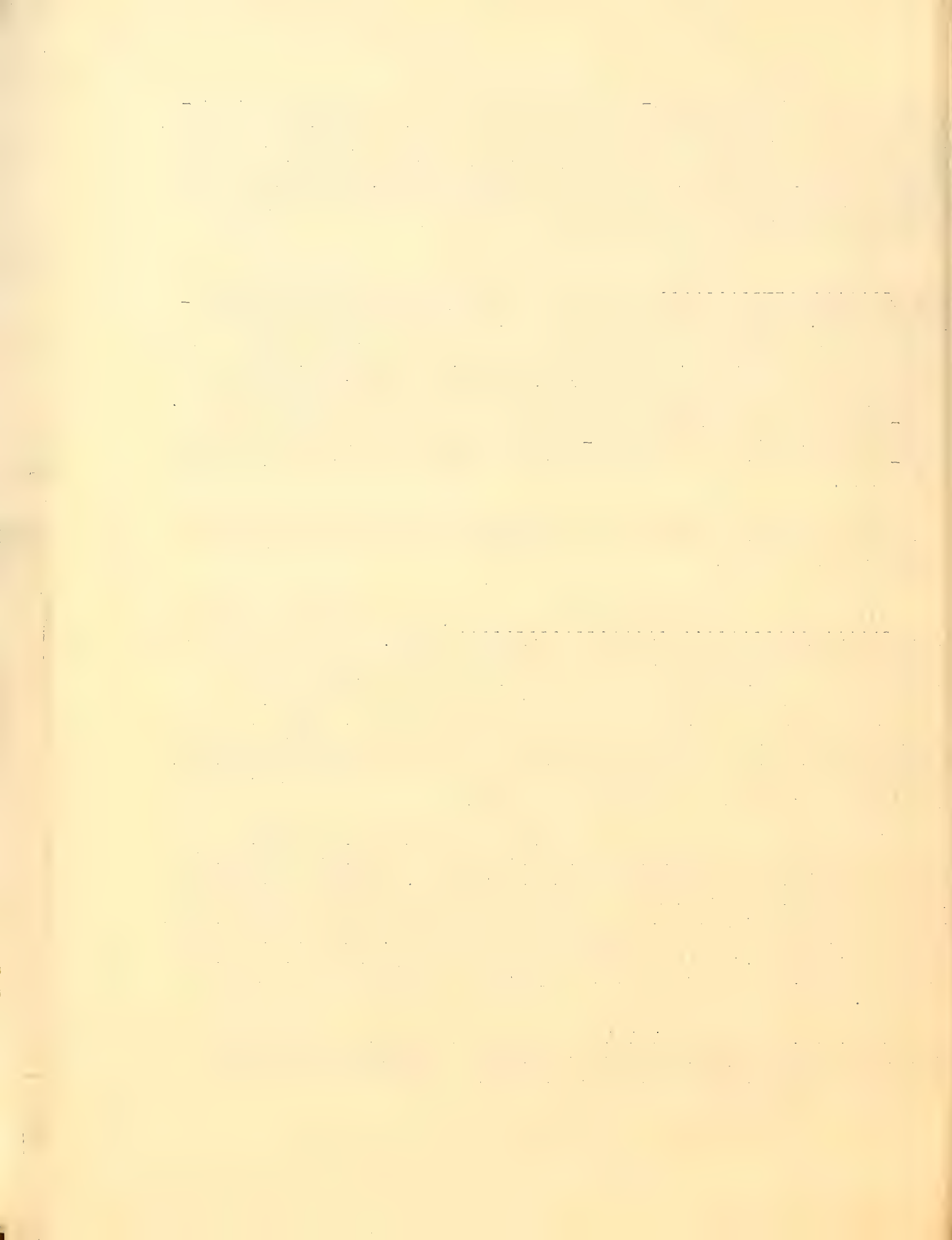
Community Sanitation. Numerous examinations have been made and recommendations sent relative to the operation of refuse disposal areas. Under Section 150A of Chapter 111 of the General Laws, public hearings have been held on the operation of dumps in several municipalities. Miscellaneous nuisance complaints on subjects ranging from substandard housing to piggeries have been investigated, and remedial advice given to local boards of health. Food-handling establishments have been examined upon request in communities where local follow-up facilities are available and food-handler courses presented for restaurant workers in 23 cities and towns.

Under the camp sanitation program a total of 451 examinations were made of recreational camps, overnight cabins (motels) and trailer coach parks.

Air Pollution and Radiological Health. Three nuclear reactors were operating or went critical during the year. The establishment of these plants and the increasing use of radioactive materials in research, medicine and industry point up the urgent need to obtain qualified personnel and modern equipment and facilities in this field. The Division has continued to participate in the National Radiation Surveillance Network and has made surveys and investigations into the use and disposal of radioactive materials. These efforts have been hampered by lack of adequate numbers of qualified personnel and by lack of funds.

As has been the case in the field of radiological health, the activities of the Division in Air Pollution Control activities have been limited by budgetary considerations. The Division has participated in operation of the National Air Sampling Network, has conducted air pollution surveys and has investigated complaints of air pollution by dust, smoke, soot and odors. Regulations for the control of air pollution were drafted, adopted by the Public Health Council, and are awaiting approval by the Governor and Council.

Activities of the Division of Smoke Inspection have been continued; 250 complaints were received, investigated and settled to the satisfaction of the complainants.



Lawrence Experiment Station. The Lawrence Experiment Station serves both as a water, air and sewage laboratory and as a research institution. The Bacteriological Laboratory examines samples from public water supplies, semi-public water supplies, shellfish and overlying sea waters and bathing places. The Chemical Laboratory analyzes samples of water from public and semi-public supplies, streams, bathing places, and from sewage and industrial waste treatment plants. The air pollution-radiological health laboratory has made routine and special analyses in connection with the work of this section of the Division.

The research laboratory has continued its studies on methods of sewage and industrial waste treatment, on the membrane filter technic for the examination of water, on methodology in connection with the operation of aeration units.

Sanitary Code. Articles I and II of the proposed State Sanitary Code have been drafted and are awaiting approval by the Department. Preliminary drafts of Articles I and VI have been prepared but have not yet been heard at a public hearing.

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BUREAU OF CONSUMER PRODUCTS PROTECTION

Division of Food and Drugs

For many years the Division of Foods and Drugs has had numerous responsibilities concerned with law enforcement assigned to it, including the laws pertaining to bedding and upholstery materials, economic poisons, corrosive and hazardous substances and insecticides as well as the many phases and ramifications of the food and drug industries. On recommendation of the Commissioner of Public Health, the Department in August, 1959 established the Bureau of Consumer Products Protection and subsequently appointed the Director of the Division of Food and Drugs as a Deputy Commissioner in charge of this Bureau.

The industrial revolution in food technology, which was initiated following World War II, continues to be a matter of very serious concern, particularly from the viewpoint of protection of the general public in connection with the manufacture of so many ready-to-eat foods.

An entirely new perspective has been brought into focus as a result of an unfortunate incident which concerned the cranberry crop. The prime lesson gained from this incident is that our methods of food and drug law-enforcement must be re-evaluated or else the various crops grown outside or within the Commonwealth will be jeopardized and placed in an area of suspicion and the confidence of the consuming public in these foods will be shaken. For example, just prior to the last Thanksgiving holiday season the United States Secretary of Health, Education and Welfare announced that the Federal Food and Drug Administration discovered that a weed killer known as aminotriazole had been found in the cranberry crops grown during certain years in the Oregon-Washington area and this aminotriazole was linked with thyroid cancer in mice. Under the circumstances, the Secretary issued a statement advising persons not to eat cranberries until such time as a testing program could be effectuated to prove that the cranberries were free from contamination. The unfortunate part of the announcement was that it condemned all cranberries, whereas those grown in Massachusetts were found to be free from aminotriazole. However, the consuming public's confidence in the product had been shaken and a calamity resulted. The Massachusetts cranberry industry suffered a tremendous loss in public confidence as well as a severe economic loss, all very unfortunate because, as a matter of fact, the Massachusetts crop was wholesome and had not been contaminated.

In the past a food and drug inspector would go into a market and, finding decomposed food, immediately destroy it. The public, of course, would not know of such finding and there would be no hysteria resulting on either a National or a State-wide level. This incident of the cranberries and the resulting publicity brought forcibly to mind the fact that no longer can we expect to carry out the protection of the public health by isolated seizures

and destruction of violative materials. It is now imperative, with the extremely toxic and dangerous chemicals being used in food processing and production, that an extensive "preventative" program be established.

Another general area of concern is control of the use of insecticides and pesticides in the vicinity or area where food is being grown.

The Bureau has also been carrying out a program in conjunction with enforcement of the law pertaining to the proper acquisition, care and treatment of animals for experimental purposes by scientific groups, hospitals and medical schools, and other research centers.

Routine duties concerned with regulating the milk and frozen dessert industries, the bedding and furniture industries; the soft drink industry, including carbonated beverages; the cold storage industry; the local slaughtering operations; and the Pandora's Box of problems arising from regulating hundreds of small bakeries and restaurants in the Commonwealth have continued. The Bureau's personnel is giving the citizens of Massachusetts all the protection possible with its extremely limited staffing.

The Division continued to cooperate with the Department of Agriculture in the milk law-enforcement program; with the Alcoholic Beverages Control Commission, the police departments, and the Department of Natural Resources, Law Enforcement and Marine Fisheries Divisions, by making analyses and supplying technical assistance.

The Department is presently concerned with important legislation that has to do with the proper labeling of insecticides, pesticides and hazardous chemicals. Hundreds of accidental poisonings result every year from highly toxic chemicals with which the general public now comes in contact. Proper labeling, stating the necessary precautions that should be observed in the use of these chemicals, a listing of poisonous ingredients contained therein, and a statement of first aid treatment, including antidotes, etc., would be required by the proposed legislation.

The Division has completed its work in the development of a Frozen Food Code, which sets up a comprehensive system for the handling, storage and distribution of frozen foods. This is now being printed and should be available by the first of October.

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Respectfully submitted,

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